



| <b>PROGRAM OF VETERINARY CARE</b>    |   |                      |  |
|--------------------------------------|---|----------------------|--|
| <b>Type of Facility:</b>             | Commercial Kennel <input type="radio"/> Boarding Kennel <input type="radio"/> Hobby Kennel <input type="radio"/><br>501c3 Non-Profit Rescue Kennel <input type="radio"/> Pet Shop <input type="radio"/> |                      |  |
| LICENSE / KENNEL / OWNER             |   |                      |  |
| <b>Kennel Name:</b>                  |   |                      |  |
| <b>Owner's Name:</b>                 |   | <b>Phone Number:</b> |  |
| <b>Address:</b>                      | <b>City:</b>  | <b>Zip:</b>          |  |
| <b>Kennel License #:</b>             |   |                      |  |
| LICENSED VETERINARIAN                |   |                      |  |
| <b>Name:</b>                         |   |                      |  |
| <b>Clinic/Hospital Name:</b>         |   |                      |  |
| <b>MD State License Number:</b>      |   |                      |  |
| <b>Business Address:</b>             |   |                      |  |
| <b>City, State and Zip Code :</b>    |   |                      |  |
| <b>Telephone Number (Business) :</b> |   |                      |  |

**NOTE 1:** The written Program of Veterinary Care (PVC) must be completed by all Cecil County Kennel license holders.

**NOTE 2:** The attending veterinarian shall establish, maintain, and supervise physical examinations and vaccination schedules; protocols for disease control and prevention; pest and parasite control; as well as nutrition requirements and euthanasia for all dogs on the premises of the licensee / kennel owner. Such programs should include examinations for all animals on the premises every 6 months by the veterinarian to monitor animal health and animal husbandry practices. A copy of the written PVC must be maintained in the kennel records, and be available upon request. During the examination, the veterinarian shall use appropriate methods to prevent, control, diagnose and treat diseases and injuries and ensure necessary veterinary care is provided. Before the sale of any puppies, they must receive a physical examination by the veterinarian as well as obtain a health certificate.

**NOTE 3:** Upon sale of any animal associated with the licensed kennel, a copy of the sold animal's health certificate must be provided to the ACCA within five (15) business days. Please see [www.ccgov.org](http://www.ccgov.org) for the most up to date forwarding information.

**VACCINATIONS – Specify the frequency of vaccinations for the following diseases:**

| DISEASE             | JUVENILE | ADULT | STORAGE / BRAND / EXPIRATION |
|---------------------|----------|-------|------------------------------|
| Bordetella          |          |       |                              |
| Distemper           |          |       |                              |
| Parvovirus          |          |       |                              |
| Hepatitis           |          |       |                              |
| Leptospirosis       |          |       |                              |
| Rabies (1yr or 3yr) |          |       |                              |
| Other (Specify)     |          |       |                              |

**PARASITE AND PEST CONTROL PROGRAM**

**A. Intestinal Parasites (fecals for roundworms, hookworms, whipworms, coccidiosis, tapeworms, giardia. Include diagnostics and medications used for deworming.)**

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**B. Blood Parasites (Heartworm, Lyme, Ehrlichiosis, other) Preventative medications used? How often? What diagnostics are performed?**

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**C. Ectoparasites (Fleas, ticks, ear mites, lice, flies, other) Preventative medications and/or topicals used? How often?**

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**D. Rodent Control Program (include protocols used and/or steps taken to reduce rodent population)**

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**E. OTHER**

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**DISEASE PREVENTION AND CONTROL PROTOCOLS**

**Describe the cleaning, disinfection, and quarantine practices in place for assuring disease prevention and control to include cleaning agents and tools used, frequency, etc.:**

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**NUTRITION**

**Describe nutritional plan for all animals in the kennel – pregnant females or cats, puppies, kittens and adult dogs and cats, including food and any supplements provided.**

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**EMERGENCY CARE**

**Describe provisions for emergency, weekend, and holiday care for all animals.**

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**EUTHANASIA**

**Dogs may only be euthanized by a Veterinarian. Describe method of euthanasia.**

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**REPRODUCTION**

**Describe breeding practices (scheduled frequency, selection of breeding pairs, control and testing for genetic defects.)**

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**I HAVE READ AND COMPLETED THIS PROGRAM OF VETERINARY CARE, AND UNDERSTAND MY RESPONSIBILITIES AS THE VETERINARIAN ON RECORD. I CERTIFY THAT ALL ANIMALS ARE HEALTHY FOR BREEDING AND/OR SALE PURPOSES AND ARE RECEIVING NECESSARY VETERINARY CARE.**

|  |              |
|--|--------------|
| <b>SIGNATURE OF VETERINARIAN :</b>         | <b>DATE:</b> |
| <b>SIGNATURE OF LICENSEE/KENNEL OWNER:</b> | <b>DATE</b>  |

**PHYSICAL EXAMINATION (defined as the 'complete veterinary examination including evaluation of all body systems')**

**A COPY OF ALL PHYSICAL EXAMINATIONS MUST BE PROVIDED AND MAINTAINED FOR EACH ANIMAL**

Describe physical examination standard and diagnosis / treatment, recommendations, and protocol for abnormal findings.

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**COMPLETE VETERINARY EXAMINATION FINDINGS CHART**

|                                    |  |                                     |                                    |  |
|------------------------------------|--|-------------------------------------|------------------------------------|--|
| <b>1. General Appearance</b>       | Healthy <input type="checkbox"/>                       | Dehydrated <input type="checkbox"/> | BCS_____                           | Age:                                       |
| <b>2. Attitude</b>                 | BAR <input type="checkbox"/>                           | QAR <input type="checkbox"/>        | Depressed <input type="checkbox"/> | Unable to Examine <input type="checkbox"/> |
| <b>3. Oral Cavity</b>              | Normal <input type="checkbox"/>                        | Abnormal <input type="checkbox"/>   |                                    |  |
|                                    | Tartar   | +1 +2 +3                            | Gingivitis                         | +1 +2 +3                                   |
| <b>4. MM</b>                       | Normal <input type="checkbox"/>                        | Pale <input type="checkbox"/>       | Jaundiced <input type="checkbox"/> | Tacky <input type="checkbox"/>             |
| <b>5. Eyes</b>                     | Normal <input type="checkbox"/>                        | Abnormal <input type="checkbox"/>   |                                    |  |
| <b>Conjunctivitis</b>              | Mild   | Moderate                            | Severe                             | OU OD OS                                   |
| <b>6. Ears</b>                     | Normal   | Abnormal                            | AU AS AD                           |  |
| <b>7. Cardiovascular</b>           | Normal <input type="checkbox"/>                        | Abnormal <input type="checkbox"/>   |                                    |  |
| <b>8. Respiratory</b>              | Auscults Normal <input type="checkbox"/>               | Abnormal <input type="checkbox"/>   |                                    |  |
| <b>9. Abdomen</b>                  | Palpates Normal / Non Painful <input type="checkbox"/> | Abnormal <input type="checkbox"/>   |                                    |  |
| <b>10. Neuro / Musculoskeletal</b> | Normal <input type="checkbox"/>                        | Abnormal <input type="checkbox"/>   |                                    |  |
| <b>11. PLNs</b>                    | Normal <input type="checkbox"/>                        | Abnormal <input type="checkbox"/>   |                                    |  |
| <b>12. Skin</b>                    | Normal <input type="checkbox"/>                        | Abnormal <input type="checkbox"/>   |                                    |  |

|   |                              |                             |
|---|------------------------------|-----------------------------|
| <b>13. Certified Healthy to Breed?</b>          | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| <b>14. Certified Healthy for sale purposes?</b> | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| <b>15. Microchip Scan</b>                       | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| <b>16. Necessary Grooming</b>                   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |