



Cecil County, Maryland – Chapter 142. Cecil County Animal Services

Appendix 5. Program of Veterinary Care for Dogs

SECTION 1. A PROGRAM OF VETERINARY CARE (PVC) HAS BEEN ESTABLISHED BETWEEN:

A. Licensee / Kennel / Owner	B. Licensed Veterinarian
1. Kennel License Number	1. Name
2. Kennel Name	2. Clinic/Hospital Name
3. Owner(s) Name	3. State and State License Number
4. Mailing Address	4. Business Address
5. City, State and Zip Code	5. City, State and Zip Code
6. Telephone No. (Home): Business No.	6. Telephone No. (Business)

The written Program of Veterinary Care (PVC) must be completed by all Commercial and Hobby kennel license holders.

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 annual visits to the premises by the veterinarian to monitor animal health and animal husbandry practices. A copy of the written PVC shall be maintained in the kennel records. All dogs involved in breeding programs, puppies under a year old and dogs with special needs, shall be examined by a veterinarian at least once every six months. During the examination, the veterinarian shall use appropriate methods to prevent, control, diagnose and treat diseases and injuries.

SECTION 2. VACCINATIONS – Specify the frequency of vaccination for the following diseases:

DISEASE	JUVENILE	ADULT	STORAGE / BRAND / EXPIRATION
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Bordetella (kennel cough)			
Distemper			
Parvovirus			
Hepatitis			
Leptospirosis			
Rabies (1 yr or 3 yr)			
Other (specify)			

SECTION 3. PARASITE AND PEST CONTROL PROGRAM –

A. Intestinal Parasites (fecals for roundworms, hookworms, whipworms, coccidia, tapeworms, giardia. Include medications used for deworming).

B. Blood Parasites (Heartworm, Lyme, Ehrlichia, other) Preventative Medications used?

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

SECTION 4. DISEASE PREVENTION AND CONTROL PROTOCOLS

Describe protocols for assuring disease prevention and control.

SECTION 5. NUTRITION

Describe nutritional plan for all dogs and cats the kennel – pregnant bitches or cats, puppies, kittens and adult dogs and cats, including any supplements used.

SECTION 6. EMERGENCY CARE

Describe provisions for emergency, weekend and holiday care.

SECTION 7. EUTHANASIA

Euthanasia of animals can only be performed by a licensed veterinarian or certified euthanasia technician.

Initials

SECTION 8. REPRODUCTION

Describe breeding practices (scheduled frequency, selection of breeding pairs, control of genetic defects).

I have read and completed this Program of Veterinary Care, and understand my responsibilities. I find the exercise plan outlined above to be sufficient for the type of kennel/organization and dogs maintained in this kennel.

Signature of veterinarian	Date
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I understand this document and my responsibilities to provide adequate veterinary care and follow the exercise requirements as outlined in this plan.

Signature of licensee kennel owner	Date
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* A copy of this POV and all Physical Examinations must be kept with your records at the kennel site.

SECTION 9. PHYSICAL EXAMINATION (defined as the ‘complete veterinary examination including evaluation of all body systems’).

A COPY OF ALL PHYSICAL EXAMINATIONS MUST BE KEPT ON SITE FOR EACH ANIMAL

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

Complete Veterinary Examination Findings Chart

1. General Appearance	<input type="checkbox"/> Healthy	BCS _____	<input type="checkbox"/>
	Dehydrated		
2. Attitude	<input type="checkbox"/> BAR	<input type="checkbox"/> QAR	<input type="checkbox"/> Depressed <input type="checkbox"/> Unable to examine
3. Oral cavity	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	
	Tartar	+1 +2 +3	Gingivitis +1 +2 +3
4. MM Tacky	<input type="checkbox"/> Normal	<input type="checkbox"/> Pale	<input type="checkbox"/> Jaundiced <input type="checkbox"/>
5. Eyes	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	
	Conjunctivitis	Mild	Moderate Severe
			OU OD OS
6. Ears	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	AU AS AD
	Otitis Mild		Moderate Severe
7.	<input type="checkbox"/> Normal	<input type="checkbox"/> Cardiovascular Abnormal	
8. Respiratory	<input type="checkbox"/> Auscults Normal	<input type="checkbox"/> Abnormal	
9. Abdomen	<input type="checkbox"/> Paplates Normal / non-painful	<input type="checkbox"/> Abnormal	
10. Neuro / Musculoskeletal	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	
11. PLNs	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	
12. Skin	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	

