

Iowa Kennel Assurance Program VETERINARY CARE FORM

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

Owner/Breeder	Veterinarian
LICENSE NUMBER	STATE LICENSE NUMBER
NAME	NAME
FACILITY NAME	CLINIC NAME
PREMISE ADDRESS	ADDRESS
CITY, ST. ZIP	CITY, ST, ZIP
TELEPHONE NO.	TELEPHONE NO.(BUSINESS)

Adequate veterinary medical care means:

- (A) A documented program of disease control and prevention, euthanasia and routine veterinary care shall be established and maintained under the supervision of a licensed veterinarian and shall include a documented on-site visit to the premise by the veterinarian at least twice a year; and
- (B) That diseased, ill, injured, lame or blind animals shall be provided with veterinary care as is needed for the health and well-being of the animal.

Regularly scheduled visits by the veterinarian will occur at the following frequency:

_____ (minimum biannually).

A. **Vaccinations** - Specify the frequency of vaccinations for the following diseases:

Dog Vaccines	Juvenile	Adult
PARVOVIRUS		
DISTEMPER		
HEPATITIS		
LEPTOSPIROSIS		
RABIES		
BORDETELLA		
OTHER (SPECIFY)		

B. **Parasite Control Program:** Describe the treatment for the following:

1. Ectoparasites (Fleas, Ticks, Mites, Lice, Flies, Other)

Iowa Kennel Assurance Program
VETERINARY CARE FORM

2. Blood Parasites (Heartworm, Other)

3. Intestinal Parasites (Fecals, Deworming, Coccidea, Gardia, Other)

C. **Emergency Care:** Describe provisions for emergency, weekend, and holiday care

D. **Euthanasia:**

1. Euthanasia will be in accordance with Act 119 and the most current approved euthanasia methods established by the AVMA panel on euthanasia.
2. Method(s) of Euthanasia _____

E. **Additional Program Topics** - The following topics have been discussed in the formulation of the program of veterinary care.

- | | |
|---|--|
| <input type="checkbox"/> Congenital Conditions | <input type="checkbox"/> Quarantine Conditions |
| <input type="checkbox"/> Nutrition | <input type="checkbox"/> Anthelmintic Alternation |
| <input type="checkbox"/> Exercise Plan | <input type="checkbox"/> Proper Handling of Biologics |
| <input type="checkbox"/> Venereal Diseases | <input type="checkbox"/> Pest Control and Product Safety |
| <input type="checkbox"/> Proper Use of Analgesics and Sedatives | <input type="checkbox"/> Other |

I have read and completed this program of Veterinary Care and understand the responsibilities.

Owner/Breeder Signature

Date

Veterinarian Signature

Date