



VETERINARY CARE FORM

for Kennel Dogs

KENNEL OWNER

Kennel Name: _____

Owner Name: _____

Mailing Address: _____

Kennel Telephone no.: _____

VETERINARIAN

Name: _____

Clinic Name: _____

Clinic Address: _____

Clinic Telephone no.: _____

The attending veterinarian shall establish, maintain and supervise physical and behavioral examination and vaccination schedules; protocols for disease control and prevention; pest and parasite management; canine nutrition; and emergency care and euthanasia for all dogs on the premises of the kennel owner. The program includes at least twice yearly site visits by the veterinarian to monitor animal health and animal husbandry practices, as well as a physical examination of every dog at least once yearly by the veterinarian.

I confirm that I have a VCPR (Veterinarian-Client-Patient Relationship) with this kennel owner and understand my role in this Veterinary Care Plan.

Signature of veterinarian _____ Date _____

I also confirm that I am familiar with the American College of Theriogenologists' (ACT) and Society for Theriogenology's (SFT) current recommendations on breeding dogs.

Signature of veterinarian _____ Date _____

I understand my responsibility to follow the health plans outlined below for dogs in this kennel.

Signature of kennel owner _____ Date _____

1. VACCINATION PLAN: Specify the age and frequency of vaccination for the following diseases.

Disease	Juvenile	Adult	Brand/Expiration
Bordetella (kennel cough)			
Distemper			
Parvovirus			
Leptospirosis			
Rabies (1 or 3 year)			
Other (specify)			

2. PEST AND PARASITE CONTROL PLAN: Describe the frequency of sampling and/or treatment for the following:

A. Intestinal Parasites

(roundworms, whipworms, hookworms, tapeworms, giardia, coccidia, etc.), including list of medications used for deworming.

B. Blood Parasites

(heartworm, Lyme, Ehrlichia, etc.), including any preventative medications used.

C. Ectoparasites

(fleas, ticks, ear mites, lice, flies, etc.), including any preventative medications and/or topical dust/solutions used.

D. Rodent Control Plan

(including products used and/or procedures taken to minimize rodent population)

E. Other:

3. DISEASE PREVENTION AND CONTROL PROTOCOLS

Describe protocols assuring disease prevention and control, including protocols for introducing new breeding animals to the kennel, and any disease testing.

4. DENTAL CARE PROTOCOLS

Describe protocols assuring dental health care of dogs.

5. BREEDER EVALUATION PROTOCOLS

Describe breeder evaluation protocols for genetic screening (ex. eye or hip issues), health and behavioral evaluation, including any testing protocols.

6. NUTRITIONAL PLAN: Describe nutritional plan for all dogs in kennel, including any supplements used.

A. Describe nutritional plan for breeding adults.

B. Describe nutritional plan for pregnant bitches.

C. Describe nutritional plan for puppies.

D. Describe nutritional plan non-breeding juveniles and adults.

E. Other:

7. ANNUAL HEALTH CHECK

Describe what procedures are conducted at annual dog health check, including physical exam standard, any routine management (deworming, vaccinations, blood work) and diagnosis/treatment procedures for abnormal findings during exam.

- Are all bitches checked for mammary tumors? **Y** **N**
- Are all bitches checked for pyometra? **Y** **N**
- Are all studs checked for prostate disease? **Y** **N**
- Are all studs checked for testicular disease? **Y** **N**

8. SURGERIES

A. Are any physical alterations (ex. castration, tail docking, ear cropping) performed? **Y** **N**

If yes, what is done? At what age of dog? What pain management is used? Who performs the procedure?

B. What are local and/or state laws regarding physical alterations? What documentation is maintained to show compliance with local/state laws?

C. If the breeder is allowed to perform cosmetic surgeries, please list your recommended protocols, including pain management, monitoring of the dogs, equipment sterilization and techniques.

D. What is your criteria for recommending re-breeding a bitch after a cesarean section?

E. Other:

9. EMERGENCY CARE

Describe provisions for emergency, night, weekend and holiday care of dogs.

10. EUTHANASIA

A. Euthanasia

Describe your decision criteria regarding behavioral or health-based euthanasia.

B. Method(s) for euthanasia