

SECTION II: DOGS AND CATS

CHECK IF N/A

A. VACCINATIONS – SPECIFY THE FREQUENCY OF VACCINATION FOR THE FOLLOWING DISEASES

	CANINE		SPECIFY	FELINE	
	JUVENILE	ADULT		JUVENILE	ADULT
RABIES					
OTHER (Specify)					

B. PARASITE CONTROL PROGRAM – DESCRIBE THE FREQUENCY OF SAMPLING OR TREATMENT FOR THE FOLLOWING:

1. ECTOPARASITES (Fleas, Ticks, Mites, Lice, Flies)

2. BLOOD PARASITES (Heartworm, Babesia, Ehrlichia, Other)

3. INTESTINAL PARASITES (Fecals, Deworming)

C. DENTAL HEALTH - DESCRIBE MONITORING, PREVENTION, AND TREATMENT PROGRAM FOR DENTAL HEALTH.

D. EMERGENCY CARE – DESCRIBE PROVISIONS FOR EMERGENCY, WEEKEND, AND HOLIDAY CARE:

E. EUTHANASIA

1. SICK, DISEASED, INJURED, OR LAME ANIMALS SHALL BE PROVIDED WITH VETERINARY CARE OR EUTHANIZED. EUTHANASIA WILL BE IN ACCORDANCE WITH THE AVMA RECOMMENDATIONS AND WILL BE CARRIED OUT BY THE FOLLOWING:

VETERINARIAN

2. METHOD(S) OF EUTHANASIA

F. 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"/> Exercise Plan (Dogs) |
| <input type="checkbox"/> Quarantine Conditions | <input type="checkbox"/> Proper Handling of Biologics |
| <input type="checkbox"/> Nutrition | <input type="checkbox"/> Venereal Diseases |
| <input type="checkbox"/> Anthelmintic alteration | <input type="checkbox"/> Pest Control and Product Safety |
| <input type="checkbox"/> Other (Specify) _____ | <input type="checkbox"/> Proper Use of Analgesics and Sedatives |

INSTRUCTION FOR EXERCISE PLAN

All licensees shall have a written plan of exercise that has been approved by the attending veterinarian. This written plan must be kept at the licensed facility and must be made available to the Nebraska Department of Agriculture (NDA) inspector upon request.

Animal Control facilities, animal shelters, animal rescues, boarding kennels, dealers and pet shops shall provide exercise to dogs by using the following methods, including, but not limited to:

1. **Individually housed dogs:** Dogs with **three times** the minimum required floor space do not require additional exercise. Calculate your floor space as follows:
 - a. Measure dog from tip of nose to base of tail and add six (6) inches to this number.
 - b. Multiply (length of dog + 6 inches) X (length of dog + 6 inches).
 - c. Answer is the minimum floor space in square inches.
 - d. **Triple** the amount of this answer to meet exercise requirements.
2. **Dogs in groups:** Dogs maintained in cages or pens that provide each dog with 100% of the minimum required floor space do not require additional exercise.
 - a. Multiply (length of dog + 6 inches) X (length of dog + 6 inches).
 - b. Answer is minimum floor space in square inches.
 - c. Do **not triple this** answer to meet the exercise requirement space for group-housed dogs.
3. **Access to a run or open area** at the frequency and duration prescribed by attending veterinarian
4. **Positive interaction with humans**, such as walking, playing ball, or grooming

COMMERCIAL DOG BREEDERS

Pursuant to §54-641.01, a commercial breeder shall: Provide dogs with adequate socialization and exercise. For the purpose of this subdivision, adequate socialization means physical contact with other dogs and with human beings, other than being fed.

Opportunity for adequate exercise means:

1. A primary enclosure shall have an entry to or allow unfettered access that is at least three times the size requirement for a primary enclosure, or
2. An exercise plan shall be approved by the attending veterinarian including at least twice a day opportunity to exercise by:
 - a. Providing the dog access to a run or open area, or
 - b. Removing the dogs from the primary enclosure to be walked, allowed to move freely in an open area, or placed in an exercise area that meets (1) of this section.

Any primary enclosure newly constructed after October 1, 2012, shall comply with option (1) above.

Plans must be documented in writing, and approved by the attending veterinarian. This plan should be available for review by the NDA inspector along with other required records.

EXERCISE PLAN FOR DOGS

Please indicate which methods of exercise will be used at your facility:

Animal Control facilities, animal shelters, animal rescues, boarding kennels, dealers and pet shops

1) **Dogs housed individually:**

_____ Facility will provide at least **three (3) times** the required floor space.

OR

_____ Facility does not provide at least three (3) times the required floor space. Opportunity for exercise will be provided as follows: (Please describe frequency, method, and duration. Use additional sheets if necessary.)

2) **Dogs housed in groups**

Do not require additional opportunity for exercise if the enclosures provide **at least 100%** of the floor space required for each dog if maintained separately. Dogs must be maintained in compatible groups.

_____ Facility will group house dogs providing at least 100% of the floor space required for each dog if maintained separately.

Licensees (other than commercial dog breeders) that are not meeting the above requirements, or where dogs do not have access to approved runs, should provide a written socialization and exercise plan. Commercial breeders whose dogs do not have access to approved runs shall provide a written plan consistent with §54-641.01.

In developing exercise plans, facilities should consider providing positive, physical contact with humans that encourage exercise through play or other similar activities. If a dog is maintained without sensory contact with another dog, it must be provided with daily physical contact with humans.

Commercial Dog Breeders

1) _____ **Dogs are housed in primary enclosures that contain at least three times the space requirements**

OR

2) _____ **Dogs will be removed from primary enclosures at least twice a day for exercise in open areas, dog runs, or by being walked (Only for dogs in primary enclosures newly constructed before October 1, 2012).**

All exercise plans must be approved by the attending veterinarian.



VETERINARY CARE PLAN

**Nebraska
Department of
Agriculture**

Animal and Plant
Health Protection

P.O. Box 94787
Lincoln, NE 68509-
4787

This Veterinary Care Plan (Plan) should be completed and signed by your attending veterinarian.

Keep this properly completed Plan as part of your records that will be reviewed by the Nebraska Department of Agriculture (NDA) inspector.

DO NOT send the completed Plan form to this office.

If you change attending veterinarians, you will need to complete a new Plan.

You need to update your Plan form and have it re-signed by your attending veterinarian any time you make changes in the Plan you are providing.

This sheet shall be **used as a means to document your attending veterinarian's visits** to your facility. Have your attending veterinarian sign and date this sheet during each annual visit to your facility.

Date

Signature of Licensee

Date

Signature of Attending Veterinarian

Date

Signature of Attending Veterinarian

Date

Signature of Attending Veterinarian

Date

Signature of Attending Veterinarian

Date

Signature of Attending Veterinarian

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