Appendix C

This record is required by law (7 USC 2131-2156). (9 CFR, Subchapter A, Parts 1, 2 and 3). Failure to maintain this record can result in a suspension or revocation of license and/or imprisonment for not more than 1 year, or a fine of not more than $1,000, or both.

RECORD OF ACQUISITION AND DOGS AND CATS ON HAND

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

See reverse side for OMB information

FORM APPROVED
OMB NO. 0579-0036

1. RECORD FOR ("X")	USDA LICENSE OR REGISTRATION NO.	2. NAME AND ADDRESS OF LICENSEE, REGISTRANT, OR HOLDING FACILITY	3. BUSINESS YEAR		4. PAGE NO.
☐ Dealer ☐ Holding Facility (Submit copy to Dealer) ☐ Other ☐ Exhibitor (Dogs and Cats only)			FROM (Mo, Day, Yr.)	TO (Mo., Day, Yr.)	

IDENTIFICATION OF EACH ANIMAL BEING DELIVERED (See reverse for Breed Abbreviations)							ACQUIRED FROM		DISPOSITION	
A. TATTOO OR USDA TAG NO.	B. DOG "X" M or F	C. CAT "X" M or F	D. AGE OR DATE OF BIRTH	E. WT.	F. BREED OR TYPE (If mixed breed, list 2 dominant breeds)	G. DESCRIPTION OF ANIMAL (Color, Distinctive Marks, Hair, Tail Tattoos, etc.)	H. DATE ACQUIRED	I. NAME AND ADDRESS USDA LICENSE OR REGISTRATION NUMBER, OR DRIVER'S LICENSE NUMBER AND STATE, VEHICLE LICENSE NUMBER AND STATE,	J. Date Removed or Sold	K. Date Died or Euthanized (Specify)
	M F	M F								
	M F	M F								
	M F	M F								
	M F	M F								
	M F	M F								
	M F	M F								

APHIS FORM 7005 (JUN 95)	INSPECTOR USE ONLY	LAST INSPECTION (Date)	TOTAL NO. ANIMALS ENTERED SINCE LAST INSPECTION	COUNT TOTAL NO. ANIMALS ACTUALLY ON PREMISES	DIFFERENCE (+ OR -)	DATE	INITIALS

(Replaces VS Form 18-5 which may be used.)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0169. The time required to complete this information collection is estimated to average .083 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

BREED ABBREVIATIONS - DOGS (Column F)

Afghan Hound	- AH	Dachshund	- DH	Komondor	- KM	Shih-tzu	- SI
Airedale Terrier	- AD	Dalmation	- DL	Labrador Retriever	- LR	Silky Terrier	- ST
Akita	- AK	Doberman	- DB	Lhasa Apso	- LA	Spitz	- SZ
American Bull Terrier	- AB	Elkhound	- EH	Malamute	- MM	Springer Spaniel	- SR
Basenji	- BS	English Bulldog	- EB	Mastiff	- MA	Staffordshire Bull Terrier	- SA
Basset Hound	- BH	English Setter	- ES	Maltese	- MT	Walker	- WK
Beagle	- BE	Eskimo Dog	- ED	Miniature Pinscher	- MP	Weimaraner	- WI
Bedlington Terrier	- BL	Foxhound	- FH	Newfoundland	- NF	Welsh Corgi	- WC
Bichon Frise	- BF	Fox Terrier	- FT	Old English Sheepdog	- OE	Whippet	- WH
Black and Tan Coonhound	- BT	French Bulldog	- FB	Pekingese	- PK	Yorkshire Terrier	- YT
Bluetick	- BK	German Sheperd	- GS	Pomeranian	- PM	Other (Specify)	
Boston Terrier	- BO	German Short Haired Pointer	- SH	Poodle	- PO		
Boxer	- BX	Golden Retriever	- GR	Pug	- PU		
Bullmastiff	- BM	Gordon Setter	- GO	Redbond Coonhound	- RB		
Cairn Terrier	- CT	Great Dane	- GD	Rhodesian Ridgeback	- RR		
Catahoula	- CU	Great Pyrenees	- GP	Rottweiler	- RW		
Chihuahua	- CA	Greyhound	- GH	Saint Bernard	- SB		
Chinese Crested Dog	- CD	Husky	- HK	Samoyed	- SM		
Chow-Chow	- CC	Irish Setter	- IS	Schipperkee	- SK		
Cocker Spaniel	- CK	Jack Russell Terrier	- JR	Schnauzer	- SN		
Collie	- CL	Keeshond	- KH	Scottish Terrier	- SC		
Coonhound (Specify)	- CH	King Charles Spaniel	- KC	Shar-pei	- SP		
				Shetland Sheepdog	- SS		

CATS (Col F)

Abyssinian	- AH	Persian	- PR
Burmese	- BU	Russian Blue	- RB
Domestic Long Hair	- DL	Rex	- RE
Domestic Short Hair	- DS	Siamese	- SI
Himalayan	- HM	Other (Specify)	
Maine Coon	- MC		
Manx	- MX		

TYPE (Column F)

Hound Crossbreed	- HX
Terrier Crossbreed	- TX
Sheperd Crossbreed	- SX
Spaniel Crossbreed	- PX

Appendix D

No dog, cat, nonhuman primate, or additional kinds or classes of animals designated by USDA regulation shall be delivered to any intermediate handler or carrier for transportation in commerce, unless accompanied by a health certificate executed and issued by a licensed veterinarian (7 USC 2143; 9 CFR, Subchapter A, Part 2).

(See reverse for additional OMB statement)

FORM APPROVED
OMB NO. 0579-0036)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

UNITED STATES INTERSTATE AND INTERNATIONAL CERTIFICATE OF HEALTH EXAMINATION FOR SMALL ANIMALS

WARNING: Anyone who makes a false, fictitious, or fraudulent statement on this document, or uses such document knowing it to be false, fictitious or fraudulent may be subject to a fine of not more than $10,000 or imprisonment of not more than 5 years or both (18 U.S.C 1001).

1. TYPE OF ANIMAL SHIPPED
☐ Dog ☐ Cat ☐ Other
☐ Nonhuman Primate

CERTIFICATE NUMBER

2. TOTAL NUMBER OF ANIMALS

PAGE

3. NAME, ADDRESS AND TELEPHONE NUMBER OF OWNER/CONSIGNOR

USDA License/or Registration No. if applicable Telephone:

4. NAME, ADDRESS AND TELEPHONE NUMBER OF CONSIGNEE

USDA License/or Registration No. if applicable Telephone:

5. ANIMAL IDENTIFICATION *(To be completed by owner/consignor)*

COMPLETE USDA TAG COLLAR AND/OR TATTOO NUMBER	BREED - COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

6. VACCINATION HISTORY *(To be completed by veterinarian)* *attach original signature rabies certificate here*

RABIES ☐ Killed Virus ☐ Live Virus		D-H-L		OTHER VACCINATIONS, TESTS OR TREATMENT	
Date	Product	Date	Product	Date	Type/Result

"X" applicable statements

OWNER/CONSIGNOR CERTIFICATION: I certify that the information concerning the animals described above in Item 5 is true and correct, and that I am the owner/consignor of such described animals and that I have physical and legal custody of such animal (s).

I hereby certify that the animal(s) in this shipment is (are), to the best of my knowledge acclimated to air temperatures lower than 7.2° c. (45° f).

SIGNATURE DATE

VETERINARY CERTIFICATION: I certify that the animal (s) described in Item 5 have been examined by me this date, that the information provided in Item 6 is true and accurate to the best of my knowledge, and that the following findings have been made "X" applicable statements.

☐ I certify that the animal (s) described and on continuation sheet(s) if applicable, have been inspected by me this date and appear to be free of any infectious or contagious diseases and to the best of my knowledge, exposure there to, which would endanger the animal or other animals or would endanger public health.

☐ I certify that the animal (s) described above, and on continuation sheet(s) if applicable, have been inspected by me this date and appear to be free of physical abnormalities which would endanger the animal.

☐ To my knowledge the animal (s) described above, and on continuation sheet(s) if applicable, originated from an area not quarantined for rabies and have not been exposed to rabies.

ENDORSEMENT FOR INTERNATIONAL EXPORT (WARNING: International Shipments require certification by an accredited veterinarian. States may also require such certification).

Apply USDA Seal or Stamp here

NAME, ADDRESS AND TELEPHONE NUMBER

Telephone:

LICENSE NO.

Accredited ☐ Yes ☐ No

LICENSING STATE

SIGNATURE OF USDA VETERINARIAN DATE

SIGNATURE DATE

APHIS FORM 7001 (AUG 2001) Replaces edition of (Aug 94) which may be used

This certificate is valid for 30 days after issuance

PART 1 - TO ACCOMPANY SHIPMENT

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number. The valid OMB number for this information collection is 0579-0036. The time required to complete this information collection is estimated to average .1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information and 6 hours for recordkeeping.

Appendix E

This record is required by law (7 USC 2131-2156). (9 CFR, Subchapter A, Parts 1, 2 and 3). Failure to maintain this record can result in a suspension or revocation of license and/or imprisonment for not more than 1 year, or a fine of not more than $1,000, or both.

See reverse side for additional information.

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

FORM APPROVED OMB NO. 0579-0036

RECORD OF DISPOSITION OF DOGS AND CATS

1. DATE OF DISPOSITION

2. PAGE 1 OF

☐ SALE ☐ EXCHANGE OR TRANSFER ☐ DONATION

INSTRUCTION: Complete applicable items 1 through 8. Original and USDA Copy to the retained by seller. **Buyer's Copy** to accompany shipmenet. It must be retained by Buyer.

3. SELLER OR DONOR (Name and Address)

4. BUYER OR RECEIVER (Name and Address)

3A. DEALER'S LICENSE NO. OR RESEARCH FACILITY REGISTRATION NO. (Seller)

4A. USDA LICENSE NO. OR RESEARCH FACILITY REGISTRATION NO. (If any)

5. IDENTIFICATION OF EACH ANIMAL BEING DELIVERED (See reverse for Breed Abbreviations for Dogs and Cats) *If mixed breed, list 2 dominant breeds

COMPLETE ITEMS A THRU G FOR EACH ANIMAL

IDENTIFICATION NUMBER A	DOG "X" M OR F B		CAT "X" M OR F C		AGE OR DATE OF BIRTH D	WT. E	BREED OR TYPE * F	DESCRIPTION OF ANIMAL (Color, Distinctive Marks, Hair, Tail, Tattoos, etc.) G
	M	F	M	F				
	M	F	M	F				
	M	F	M	F				
	M	F	M	F				
	M	F	M	F				
	M	F	M	F				
	M	F	M	F				
	M	F	M	F				
	M	F	M	F				
	M	F	M	F				
	M	F	M	F				
	M	F	M	F				
	M	F	M	F				
	M	F	M	F				

6. DELIVERY BY (Check one and complete applicable items 7 and 8)

☐ COMMERICAL SHIPPER ☐ BUYER'S VEHICLE ☐ SELLER'S VEHICLE

7. NAME AND ADDRESS OF COMPANY OR FIRM (Include Zip Code)

8. NAME AND BUSINESS ADDRESS OF TRUCK DRIVER (Include Zip Code)

9. RECEIVED BY	10. SIGNATURE	11. TITLE	12. DATE

APHIS FORM 7006 (JUN 1995) *(Previous edition may be used.)*

☐ ORIGINAL - Seller's Record ☐ USDA COPY - To be retained by seller ☐ BUYER's COPY - To accompany shipment and be retained by buyer

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0036. The time required to complete this information collection is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

BREED ABBREVIATIONS - DOGS (Col. F)

Afghan Hound -	AH	English Setter -	ES	Pomeranian -	PM
Airedale Terrier -	AD	Eskimo Dog -	ED	Poodle -	PO
Akita -	AK	Foxhound -	FH	Pug -	PU
American Bull Terrier -	AB	Fox Terrier -	FT	Redbone Coonhound -	RB
Basenji -	BS	French Bulldog -	FB	Rhodesian Ridgeback -	RR
Basset Hound -	BH	German Shepherd -	GS	Rottweiler -	RW
Beagle -	BE	German Short Haired - Pointer	SH	Saint Bernard -	SB
Bedlington Terrier -	BL	Golden Retriever -	GR	Samoyed -	SM
Bichon Frise -	BF	Gordon Setter -	GO	Schipperkee -	SK
Black and Tan - Coonhound	BT	Great Dane -	GD	Schnauzer -	SN
Bluetick -	BK	Great Pyrenees -	GP	Scottish Terrier -	SC
Boston Terrier -	BO	Greyhound -	GH	Shar-pei -	SP
Boxer -	BX	Husky -	HK	Shetland Sheepdog -	SS
Bullmastiff -	BM	Irish Setter -	IS	Shih-tzu -	SI
Cairn Terrier -	CT	Jack Russell Terrier -	JR	Silky Terrier -	ST
Catahoula -	CU	Keeshond -	KH	Spitz -	SZ
Chihuahua -	CA	King Charles Spaniel -	KC	Springer Spaniel -	SR
Chinese Crested Dog -	CD	Komondor -	KM	Staffordshire Bull - Terrier	SA
Chow-Chow -	CC	Labrador Retriever -	LR	Walker -	WK
Cocker Spaniel -	CK	Lhasa Apso -	LA	Weimaraner -	WI
Collie -	CL	Malamute -	MA	Welsh Corgi -	WC
Coonhound (Specify) -	CH	Mastiff -	MA	Whippet -	WH
Dachshund -	DH	Maltese -	MT	Yorkshire Terrier -	YT
Dalmation -	DL	Miniature Pinscher -	MP	Other (specify)	
Doberman -	DB	Newfoundland -	NF		
Elkhound -	EH	Old English Sheepdog -	OE		
English Bulldog -	EB	Pekingese -	PK		

BREED ABBREVIATIONS - CATS *(Col. F)*

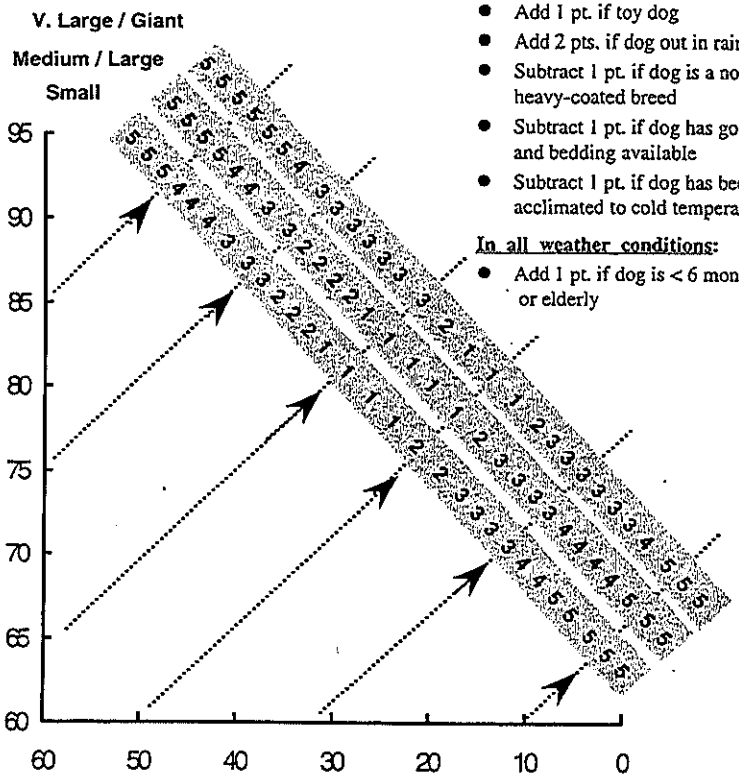
Abyssinian	AB	Manx	MX	Other (specify)
Burmese	BU	Persian	PR	
Domestic Long Hair	DL	Russian Blue	RB	
Domestic Short Hair	DS	Rex	RE	
Himalayan	HM	Siamese	SI	
Maine Coon	MC			

TYPE (Col. F)

Hound Crossbreed	HX
Terrier Crossbreed	TX
Sheperd Crossbreed	SX
Spaniel crossbreed	PX

II. Weather safety scale

Read score off diagonal bars, by dog size:



Axes indicate temperature dog is exposed to, in °F

To determine score, draw a line up from the current temperature and parallel to the dotted lines, and read score on bars. Common sense must be used to take into account the duration of exposure to any given temperature when assessing risk; even brief periods of high heat can be very dangerous, whereas a similar duration of exposure to cold temperatures would not be life-threatening.

In warm or hot weather:

- Subtract 1 pt. if water is available
- Subtract 1 pt. if dog is in a shaded area protected from full sun
- Add 1 pt. if dog is brachycephalic
- Add 1 pt. if dog is obese

In cool or cold weather:

- Add 1 pt. if toy dog
- Add 2 pts. if dog out in rain / sleet
- Subtract 1 pt. if dog is a northern or heavy-coated breed
- Subtract 1 pt. if dog has good shelter and bedding available
- Subtract 1 pt. if dog has been acclimated to cold temperatures

In all weather conditions:

- Add 1 pt. if dog is < 6 months of age or elderly

Interpretation of the TACC score from scales I - IV:

The Tufts Animal Condition and Care (TACC) score is assessed from the number of points read off either the **Body Condition**, **Weather Safety**, **Environmental Health**, or **Physical Care** Scale. When multiple scales are evaluated, the highest score on any scale should be used to determine the risk of neglect. Multiple high scores are indicative of greater neglect, risk, or inhumane treatment than a single high score.

Score	Weather safety scale
≥ 5	Potentially life-threatening risk present. Immediate intervention to decrease threat to the animal required (provide water, shelter).
4	Dangerous situation developing. Prompt intervention required to decrease risk (e.g. provide water, shade, shelter, or bring indoors). Warn owner of risk and shelter requirements.
3	Indicators of a potentially unsafe situation, depending on breed, time outdoors. Inform owner of risk and proper shelter requirements.
2	Risk unlikely, but evaluate the situation, and if warranted, discuss your concerns and requirements for proper shelter with the owner.
≤ 1	No evidence of risk

Disclaimer: The TACC score is intended to be a simple screening device for determining when neglect may be present, for prioritizing the investigation of reported animal cruelty cases, and as a system for investigative agencies to use to summarize their case experience. The TACC score is not intended to replace definitive assessment of any animal by a veterinarian or law enforcement agent. A low TACC score does not preclude a diagnosis of abuse, neglect, or a dog requiring veterinary care upon more careful examination of an animal and its living situation.

Nebraska Department of Agriculture
Bureau of Animal Industry
Commercial Dog and Cat Inspection Program
(402) 471-6832

Statement of Infertility

Date: _____

Owner: _____

Address: _____

Number of Dogs: _____

Sex: _____

Age: _____

Identification: _____

Breed: _____

Color: _____

I, _____, DVM, hereby certify that I have examined the above-listed dog(s), and it is my opinion the dog(s) listed is/are infertile, i.e., not capable of initiating, sustaining, or supporting reproduction.

_____
Veterinarian Signature

StatementOfInfertility_092310.doc

State of Nebraska
Department of Agriculture
Bureau of Animal Industry
Commercial Dog and Cat Operator Inspection Program

ATTEMPTED INSPECTION NOTICE

Commercial Dog and Cat Licensed Facility
License # NE_____

The Nebraska Department of Agriculture (Department), through its Bureau of Animal Industry, conducts inspections for the purpose of determining a licensee's compliance with the Commercial Dog and Cat Operator Inspection Act (the Act), Neb. Rev. Stat. §§54-625 through 54-643.

This Attempted Inspection Notice is to advise you that on _____, Department Inspector, _____, attempted to perform an inspection of _____ in _____ _____ for the purpose of determining whether or not you are in compliance with the Act and regulations promulgated under the Act.

The department may, for purposes of inspection, enter the premises of any applicant or licensee during normal business hours and in a reasonable manner, including all premises in or upon which dogs or cats are housed, sold, exchanged, or leased or are suspected of being housed, sold, exchanged, or leased. Premises includes all buildings, vehicles, equipment, cages, kennels, containers, and pens and all records on such premises. **A licensee shall make its premises available for inspection pursuant to section 54-628 during normal business hours.** (Neb. Rev. Stat. §§ 54-627(5) and 54-628(2)).

Please contact your inspector at (402) _____, or the Department, within 15 days regarding this matter. Your contact for this matter at the Department is Joanne Komenda, at (402) 471-6832, or Dr. John Boucher, at (402) 471-6830. Please contact him/her if you have any questions about the content of this notice or need additional guidance.

Failure to contact the Department after three or more notifications of inspection attempts will be regarded as a "Refusal of Inspection" and result in the initiation of administrative proceedings. It is a violation of the Act for any person to deny access to any officer, agent, employee, or appointee of the department or offer any resistance to, thwart, or hinder such persons by misrepresentation or concealment; or to fail to disclose all locations housing dogs or cats owned or controlled by such person. (Neb. Rev. Stat. §§ 54-634.01).

Narrative:

_____

_____

_____

_____

_____
NDA Inspector Signature

NEBRASKA DEPARTMENT OF AGRICULTURE
BUREAU OF ANIMAL INDUSTRY

VETERINARY CARE PLAN

(Program of Veterinary Care for Commercial Breeders, Dealers, and Pet Shops handling Dogs and Cats)

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

A. LICENSEE	*B. ATTENDING VETERINARIAN*
1. NAME	1. NAME
2. BUSINESS NAME	2. CLINIC
3. LICENSE/REGISTRATION NUMBER	3. NE STATE LICENSE ACCREDITATION NUMBER
4. MAILING ADDRESS	4. BUSINESS ADDRESS
5. CITY, STATE, AND ZIP CODE	5. CITY, STATE, AND ZIP CODE
6. TELEPHONE (home) TELEPHONE (business)	6. TELEPHONE (business)

This form may be used by the licensee to satisfy the requirements for a written Veterinary Care Plan, as required under §54-627.01 and 54-640(9).

The attending veterinarian, by signing this form, agrees to establish, maintain, and supervise programs of disease control and prevention, pest and parasite control, pre-procedural care and post-procedural care, nutrition, euthanasia, and adequate veterinary care for the licensee's dogs and cats which are subject to the act. A written program of adequate veterinary care between the licensee and the doctor of veterinary medicine shall be established and reviewed on an annual basis. Such programs must include regularly scheduled visits to the premises by the veterinarian. Space is provided on page #4 of this form for the Veterinarian's signature to verify these inspections. Scheduled visits are required to monitor animal health and husbandry.

Pages or blocks which do not apply to the facility should be marked N/A. If space provided is not adequate for a specific topic, additional sheets may be added. Please indicate Section and Item Number.

I have read and completed this Veterinary Care Plan, and I understand my responsibilities.

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

(minimum annual).

_____

_____

C. SIGNATURE of LICENSEE	DATE
D. SIGNATURE of VETERINARIAN	DATE

(VETERINARIAN SHALL SIGN ON PAGE #4 AT EACH INSPECTION OF FACILITY AND ANIMALS)

SECTION II: DOGS AND CATS

CHECK IF N/A ☐

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

CANINE			FELINE		
	JUVENILE	ADULT		JUVENILE	ADULT
RABIES			SPECIFY		
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, Ehrlicha, 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 ☐ LICENSEE

2. METHOD(S) OF EUTHANASIA

F. ADDITIONAL PROGRAM TOPICS – THE FOLLOWING TOPICS HAVE BEEN DISCUSSED IN THE FORMULATION OF THE PROGRAM OF VETERINARY CARE:

- ☐ Congenital Conditions
- ☐ Quarantine Conditions
- ☐ Nutrition
- ☐ Anthelmintic alteration
- ☐ Other (Specify) _____
- ☐ Exercise Plan (Dogs)
- ☐ Proper Handling of Biologics
- ☐ Venereal Diseases
- ☐ Pest Control and Product Safety
- ☐ Proper Use of Analgesics and Sedatives

INSTRUCTION FOR EXERCISE PLAN

Each dealer, pet shop, and commercial breeder 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.

Dealers and pet shops with primary enclosures meeting the following two examples shall **not** be required to provide dogs with additional opportunities for exercise:

1. **Individually housed dogs**: Dogs with **two 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. **Double** 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** double this answer to meet the exercise requirement space for group-housed dogs.

Dealers and pet shops whose dogs are not kept in a space that fits into the examples above, shall develop an additional plan that provides the opportunity for exercise.

Pursuant to §54-640, 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, and adequate exercise means providing the opportunity for exercise at least two times per day, outside of a cage or similar small enclosure, except during inclement weather that may be hazardous to dogs. Cages that provide access to runs approved by NDA will satisfy this requirement.

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:

Dealers and Pet Shops

1) **Dogs housed individually:**

_____ Facility will provide at least **two (2) times** the required floor space.

OR

_____ Facility does not provide at least two (2) 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.

Dealers, and pet shops 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 §54-640 (7).

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.

All exercise plans must be approved by the attending veterinarian.

_____ Date	_____ Signature of Licensee
_____ Date	_____ Signature of Attending Veterinarian
_____ Date	_____ Signature of Attending Veterinarian
_____ Date	_____ Signature of Attending Veterinarian
_____ Date	_____ Signature of Attending Veterinarian

NEBRASKA DEPARTMENT OF AGRICULTURE
BUREAU OF ANIMAL INDUSTRY

EMERGENCY VETERINARY CARE PLAN

(FOR ANIMAL CONTROL FACILITIES, ANIMAL RESCUES, ANIMAL SHELTERS, AND BOARDING KENNELS)

A PROGRAM OF EMERGENCY VETERINARY CARE HAS BEEN ESTABLISHED BETWEEN:

A. *LICENSEE*	B. *ATTENDING VETERINARIAN*
1. NAME	1. NAME
2. BUSINESS NAME	2. CLINIC
3. LICENSE/REGISTRATION NUMBER	3. NE STATE ACCREDITATION NUMBER
4. MAILING ADDRESS	4. BUSINESS ADDRESS
5. CITY, STATE, AND ZIP CODE	5. CITY, STATE, AND ZIP CODE
6. TELEPHONE (home) TELEPHONE (business)	6. TELEPHONE (business)

C. EMERGENCY VETERINARY CARE – DESCRIBE PROVISIONS FOR EMERGENCY VETERINARY CARE:

D. EUTHANASIA-- FOR ANIMAL CONTROL FACILITIES, ANIMAL RESCUES, AND ANIMAL SHELTERS

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 ☐ LICENSEE

2. METHOD(S) OF EUTHANASIA

Date _____ Signature of Licensee _____

Date _____ Signature of Attending Veterinarian _____

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