RESPONSIBILITIES OF THE ATTENDING VETERINARIAN

Role of: APHIS > 9 CFR, Subchapter A, Animal Welfare, §2.32
(a) Each research facility shall have an attending veterinarian who shall provide adequate veterinary care to its animals in compliance with this section:
(1) Each research facility shall employ an attending veterinarian under formal arrangements. In the case of a part-time attending veterinarian or consultant arrangements, the formal arrangements shall include a written program of veterinary care and regularly scheduled visits to the research facility;
(2) Each research facility shall assure that the attending veterinarian has appropriate authority to ensure the provision of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use; and
(3) The attending veterinarian shall be a voting member of the IACUC; Provided, however, That a research facility with more than one Doctor of Veterinary Medicine (DVM) may appoint to the IACUC another DVM with delegated program responsibility for activities involving animals at the research facility.
(b) Each research facility shall establish and maintain programs of adequate veterinary care that include:
(1) The availability of appropriate facilities, personnel, equipment, and services to comply with the provisions of this subchapter;
(2) The use of appropriate methods to prevent, control, diagnose, and treat diseases and injuries, and the availability of emergency, weekend, and holiday care;
(3) Daily observation of all animals to assess their health and well-being; Provided, however, That daily observation of animals may be accomplished by someone other than the attending veterinarian; and Provided, further, That a mechanism of direct and frequent communication is required so that timely and accurate information on problems of animal health, behavior, and well-being is conveyed to the attending veterinarian;
(4) Guidance to principal investigators and other personnel involved in the care and use of animals regarding handling, immobilization, anesthesia, analgesia, tranquilization, and euthanasia; and
(5) Adequate pre-procedural and post-procedural care in accordance with current established veterinary medical and nursing procedures.

Role of: OLAW > http://grants.nih.gov/grants/olaw/tutorial/animal.htm#4c
Arrangements for veterinary care will depend on the institution and the size of the animal program. Consultant or part-time veterinary services may be appropriate for small programs with limited numbers of animals. Under all circumstances, there must be a direct channel of open communication between the Institutional Official and the veterinarian.
The veterinary care program should contain the following components:
- Access to all animals and periodic assessment of animal well-being;
- Appropriate facilities, personnel, equipment, and services;
- Treatment of diseases and injuries, and the availability of emergency, weekend and holiday care;
- Guidelines for animal procurement and transportation; including the review by the veterinarian or the veterinarian’s designee of the health status, husbandry and housing requirements of animals from non-commercial sources prior to authorizing shipment. Information from all animal suppliers should be sufficient to enable the veterinarian to establish the length of quarantine, define the potential risks to personnel and animals in the colony, determine whether therapy is required before animals are released from quarantine, and in the case of rodents, determine whether rederivation is necessary to free animals of specific pathogens. Non-commercial or interinstitutional transfer of rodents poses a higher risk of microbial contamination since
individuals involved may lack the required knowledge and animal biosecurity capabilities to maintain the animals’ health status.

- Preventive medicine; including policies, procedures and equipment related to quarantine, stabilization and the separation of animals by species, source and health status. Procedures for health monitoring, diagnosis, disease prevention and therapy should be those currently accepted in veterinary medicine and laboratory animal practice.
- Presurgical planning, training, monitoring, and postsurgical care;
- Relief of pain and distress including selection of analgesics, anesthetics, and tranquilizers;
- Methods of euthanasia; and
- Drug storage and control.

The attending veterinarian must have the authority to implement the veterinary care program, and to oversee the adequacy of all other aspects of animal care and use, e.g., animal husbandry, nutrition, sanitation practices, zoonosis control, and hazard containment.

The American College of Laboratory Animal Medicine’s (ACLAM) Guidelines for Adequate Veterinary Care (PDF) is a recommended reference on the topic of veterinary care.

Guide for the Care and Use of Laboratory Animals, 8th Edition references

Page 6: The animal care and use program (the Program) means the policies, procedures, standards, organizational structure, staffing, facilities, and practices put into place by an institution to achieve the humane care and use of animals in the laboratory and throughout the institution.

Page 13: Program Management states “the primary oversight responsibilities in the Program rest with the IO, the AV and the IACUC. Together they establish policies and procedures, ensure regulatory compliance, monitor Program performance and support high-quality science and humane animal use. A program that includes these elements and establishes a balance among them has the best chance of efficiently using resources while attaining the highest standards of animal well-being and scientific quality.

Page 24: Committee member: A Doctor of Vet med. either certified (e.g. by ACLAM, ECLAM, JCLAM, KCLAM) or with training and experience in laboratory animal science and medicine or in the use of the species at the institution.