



### US&R GENERAL MEMORANDUM – 2015-085

August 19, 2015

FOR:National Urban Search & Rescue Response System<br/>Task Force Representatives

- FROM: Dean Scott, Chief Operations Section Urban Search and Rescue Branch
- **SUBJECT:** US&R General Memorandum 2015-085 Canine Medical Examination Guidelines

This General Memorandum provides the National Urban Search and Rescue (US&R) Response System (the System) with guidelines for voluntary annual canine medical examinations.

These guidelines will help ensure that the health status of System canine resources are monitored and maintained. While there is no requirement that System canines have annual medical examinations, often there are recommended post-mission veterinary checks based on response specific concerns. In order to facilitate the routine maintenance of System canines' physical condition, the attached medical recommendations are provided for certified System canines.

It is estimated that an exam encompassing the attached guidelines will cost approximately \$500 per year, per canine. This exam would be within scope of the task force Readiness Cooperative Agreement and an allowable cost for certified System canines, provided that the canine's task force has budgeted for this expense within the appropriate year's Cooperative Agreement.

Attachments:

Canine Medical Examination Guidelines

cc:

US&R Strategic Group US&R Advisory Group US&R Branch Staff FEMA Regional/Federal/International ESF #9 Representatives

HATIONAL US HATIONAL HATION	FEMA National Urban Search & Rescue Response System			
	<b>Ref:</b> GM 2015-085	<b>DATE:</b> August 19, 2015	<b>DISTRIBUTION:</b> System wide	
	<b>ISSUED BY:</b> Dean Scott, Chief, Operations Section			
	SUBJECT: Canine Medical Examination Guidelines			

#### 1. Complete Physical Examination – Annual

• Based on the American Animal Hospital Association (AAHA) recommendations, this includes a patient's history, temperature, attitude, hydration, mucous membrane color, capillary refill time, eyes (including pupils and retinas), ears, nose, mouth/throat, peripheral lymph nodes, heart, pulses, lungs/respiration, abdomen, urogenital system, skin, perineal and rectal exam, musculoskeletal system, and neurologic system.

#### 2. Blood Work – Annual

• CBC, biochemical profile, heartworm test

#### 3. Additional Testing – Annual

• Urinalysis, fecal exam

#### 4. Preventive Medications – Annual

- Heartworm Preventative
- Flea and Tick Control

#### 5. Vaccinations – Guidelines as per AAHA

- Core Vaccines Required
  - Canine Parvovirus (CPV-2, MLV)
  - Canine Distemper Virus (CDV, MLV) or recombinant rCanine Distemper Virus (rCDV)
  - Canine Adenovirus-2 (CAV-2, MLV parenteral)
  - Rabies 1-year (killed) or 3-year (killed) as per state legislation

# • Non-Core Vaccines – Based on Individual Considerations and Recommendations from Local Veterinarian

- Parainfluenza Virus (CPIV, MLV-parenteral)
- Bordetella bronchiseptica (killed bacterin or cell wall antigen extract, parenteral)
- Borrelia burgdorferi (Lyme borreliosis killed whole bacterin or rLyme borreliosis[OspA])
- Leptospirosis (killed bacterin) serovar specific for endemic types:
- Leptospira interrogans with canicola and icterohaemorrhagiae
- Also available with serovars grippotyphosa and Pomona

# NOTE: Exam includes any necessary further testing based on abnormalities found during a medical examination.

Vaccine	Initial Puppy Vaccination (<16 weeks old)	Initial Adult Vaccination (>16 weeks old)	Revaccination Booster
Canine Parvovirus (CPV-2, MLV)	Give at 6-8 weeks old then every 3-4 weeks until 12-14 weeks old	2 doses, 3-4 weeks apart	Booster at 1 year then every 3 years unless label says otherwise
Canine Distemper Virus (CDV, MLV) or rCanine Distemper Virus (rCDV)	Give at 6-8 weeks old then every 3-4 weeks until 12-14 weeks old	2 doses, 3-4 weeks apart	Booster at 1 year then every 3 yrs unless label says otherwise
Canine Adenovirus-2 (CAV-2, MLV parenteral)	Give at 6-8 weeks old then every 3-4 weeks until 12-14 weeks old	2 doses, 3-4 weeks apart	Booster at 1 year then every 3 yrs unless label says otherwise
Rabies 3-year (killed)	Give one dose as early as 3 months	Administer as a single dose	2 <sup>nd</sup> rabies 1 year after initial dose, then every 3 yrs per the area law
Parainfluenza Virus (CPIV, MLV- parenteral)	Give at 6-8 weeks old then every 3-4 weeks until 12-14 weeks old	Administer as a single dose	Booster at 1 year then every 3 yrs unless label says otherwise
Bordetella bronchiseptica (killed bacterin) parenteral	Give one dose at 6-8 weeks old, one dose at 10-12 weeks old	Two doses, 2-4 weeks apart	Annual booster or more often in high-risk animals
Bordetella bronchiseptica (cell wall antigen) Parenteral	Give one dose at 8 weeks old and one dose at 12 weeks old	Two doses, 4 weeks apart	Annual booster or up to every 6 months in high- risk environments
Borrelia burgdorferi (Lyme borreliosis killed whole bacterin or rLyme borreliosis[OspA])	Initial dose at 9 or 12 weeks old (per manufacturer) then 2 <sup>nd</sup> dose 2-4 weeks later	Two doses, 2-4 weeks apart	Annual booster; revaccinate prior to start of region tick season
Leptospirosis (killed bacterin) serovar specific for endemic types	Give one dose at 12 weeks and another at 14-16 weeks. For best response do not give to dogs less than 12 weeks old	Two doses, 2-4 weeks apart	Annual booster, not for toy breeds restricted to areas of high risk

### Vaccine Schedules as Recommended by AAHA