

Animal Rabies Vaccination:

Certified Rabies Vaccinator (CRV) Training

MEMORANDUM OF UNDERSTANDING

between

[Any] County Animal Services & Control

[Any] County Health Director

and

[Name], DVM

This is an agreement between [Any] County Animal Services and Control, hereinafter called AS&C and [Any] County Health Director, hereinafter called Health Director and [Name], DVM, hereinafter called Veterinarian.

I. PURPOSE & SCOPE

The purpose of this MOU is to clearly identify the roles and responsibilities of each party as they relate to AS&C Certified Rabies Vaccinator (CRV) training.

In particular, this MOU is intended to:

- Ensure compliance with state public health CRV training requirements.
- Enhance CRVs' basic animal handling, vaccine handling and vaccine administration skills through direct animal training experience under the guidance of a local veterinarian.

II. AS&C RESPONSIBILITIES UNDER THIS MOU

AS&C shall undertake the following activities:

- Identify AS&C staff needing training and notify CRV trainees of class expectations, training locations and time.
- Reserve training classroom facilities.
- Maintain any required documentation and correspondence with the N.C. Public Health Veterinarian for CRV training, including assuring forms are complete with required signatures.
- Annually review MOU, update as needed and route for appropriate signatures.

III. VETERINARIAN'S RESPONSIBILITIES UNDER THIS MOU

Veterinarian shall undertake the following activities:

- Provide a copy of current N.C. Veterinary license.
- Provide, at his/her own expense, proper liability insurance coverage in a minimum amount of \$1,000,000 per occurrence and supply [Any] County with a Certificate of Insurance evidencing such coverage.
- Training and documentation of proficiency and understanding of appropriate technique for the following:
 - Handling of Cats
 - Handling of Dogs
 - Appropriate use of syringes and needles while drawing up vaccine
 - Safe use and disposal of syringes and needles in sharps container
 - Subcutaneous administration of vaccine to Cats
 - Subcutaneous administration of vaccine to Dogs
 - Storage and handling of vaccine
 - Identification of manufacturer, serial number and expiration date of vaccine
 - Accuracy in filling out rabies certificates

- Discussion of any concerns regarding CRV trainee with the N.C. Public Health Veterinarian and/or AS&C Director as appropriate, and development of additional training recommendations as needed.

IV. HEALTH DIRECTOR RESPONSIBILITIES UNDER THIS MOU

Following training and signature by the Veterinarian, review individual CRV trainee training forms, and sign and date as appropriate.

V. IT IS MUTUALLY UNDERSTOOD AND AGREED BY AND BETWEEN THE PARTIES THAT:

- **Amendments-** This agreement may be amended by written consent of both parties and all amendments shall be attached to this agreement.
- **Termination-** This agreement may be terminated by either party on thirty (30)-day written notice, except that the AS&C may choose to immediately terminate the agreement without notice for following:
 - Failure to follow procedure, regulation or guidelines by the N.C. Public Health Veterinary Program, [Any] County or veterinary profession.
 - Loss of Veterinary license. Veterinarian must immediately inform the AS&C Director if veterinary license is suspended/revoked or if it becomes invalid.
- **Independent Status –** Nothing in this agreement shall create a relationship other than that of an independent contractor between [Any] County and the Veterinarian, nor shall the Veterinarian have any claim against the County for Worker’s Compensation, Unemployment compensation, insurance coverage, or other benefits. It is mutually understood that the Veterinarian is providing services on a volunteer basis.

VI. FUNDING

This MOU does not include any reimbursement of funds between the two parties.

VII. EFFECTIVE DATE AND SIGNATURE

This MOU shall be effective upon the signature of AS&C authorized officials, [Any] County Health Director and Veterinarian. It shall be in force for a period of one year, from [Month/Day/Year] to [Month/Day/Year]. AS&C Director, [Any] County Health Director and Veterinarian indicate agreement with this MOU by their signatures.

Name, [Any] County Animal Services & Control Director	Date
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Name, [Any] County Health Director	Date
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Name, DVM	Date
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