**STATE OF KANSAS**
**KANSAS DEPARTMENT OF AGRICULTURE**
RECORDS CENTER – ANIMAL HEALTH
109 SW 9th St., Topeka Kansas 66612
Phone (785) 296-2326 FAX (785)296-6418
www.ksda.gov

# VETERINARY CARE FORM INSTRUCTIONS

## PAGE 1

### LICENSEE INFORMATION

**LICENSE NUMBER**: Use The Kansas License Number Issued, If You Are A New Applicant, Complete With Pending.

**NAME**: Owner Or Responsible Party Who Will Be Signing Vet Care Form.

**FACILITY NAME**: Business Or Organization Name, If Applicable

**PREMISE ADDRESS:** The Address Of The Regulated Activities

**CITY, STATE, ZIP**: For The Above Listed Address

**PHONE**: Contact Number For The Person Completing Form

### VETERINARIAN INFORMATION

**LICENSE NUMBER:** Use Your Kansas License Number, Veterinarians without Kansas License Number Are Unable to Complete Form

**NAME**: Veterinarian's Name

**FACILITY NAME**: Name Of Business, If Applicable

**ADDRESS**: Address Of Veterinary Clinic

**CITY, STATE, ZIP**: For The Above Listed Address

**PHONE**: Contact Number For The Veterinarian

**REGULAR SCHEDULE VISITS**: Complete With How Often Veterinarian Will Check Facility (Minimum Is Annual)

### SIGNATURES

**LICENSEE:** Complete By Person Listed Under Name
**VETERINARIAN**: Completed By Supervising Veterinarian.

## PAGE 2

**INDICATE SPECIES ON PREMISE**: Please Place An "X" To Indicate Species On Premise

**A.** **VACCINATIONS**: Please Complete With Age & Product Administered. This Should Be A Consult With Your Supervising Veterinarian. Boarding Facilities Should Complete By Indicating "Per Owner Contract"

**B.** **PARASITE CONTROL**:
a. **Ectoparasites**: How Do You Control Flies, Fleas, Ticks, Etc: This Category Should Be Filled Out For All Facilities.
b. **Blood Parasites**: Method For Controlling Heartworm, Etc. (Boarding Indicate "Per Owner Contract")
c. **Intestinal:** Method Or Product And How Often Fecals And Deworming Are Done. (Boarding Indicate "Per Owner Contract")

**C.** **EMERGENCY CARE**: If Your Listed Veterinarian Is Not Available During Weekends, Holidays, Name Of 2nd Veterinarian.

**D.** **EUTHANASIA:** 1) Circle by whom Euthanasia will be performed.
2) Method Of Euthanasia: Gas Chamber, Euthanasia Solution (Product), Etc.

**E.** **ADDITIONAL PROGRAM TOPICS**: Please Place An "X" To Indicate Additional Topics Discussed.

AFTER COMPLETION, RETURN TO KANSAS ANIMAL HEALTH DEPARTMENT

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**K.S.A. 47-622. Report of disease to livestock commissioner.** It shall be the duty of the owner or person in charge of any domestic animal or animals who discovers, or has reason to believe that any domestic animal owned by such person or in such person's charge or keeping is affected with any contagious or infectious disease, to immediately report such fact or belief to the livestock commissioner. It shall be the duty of any person who discovers the existence of any such contagious or infectious disease among the domestic animals of any person to report this information at once to the livestock commissioner.

**9-27-1**. **Designation of infectious or contagious diseases.** The following diseases shall be designated as reportable infectious or contagious animal diseases and shall be reported in accordance with K.S.A. 47-622:

| | | | |
|---|---|---|---|
| (a) | anthrax; | (n) | psittacosis; |
| (b) | all species of brucellosis; | (o) | viscerotropic velogenic Newcastle disease; |
| (c) | equine infectious anemia; | (p) | foot and mouth disease; |
| (d) | Equine Herpes Virus-1 | (q) | rinderpest; |
| (e) | hog cholera; | (r) | African swine fever; |
| (f) | pseudorabies; | (s) | piroplasmosis; |
| (g) | psoroptic mange; | (t) | vesicular exanthema; |
| (h) | rabies; | (u) | Johne's disease; |
| (i) | tuberculosis; | (v) | scabies; |
| (j) | vesicular stomatitis; | (w) | scrapies; |
| (k) | avian influenza; | (x) | bovine leukosis; and |
| (l) | pullorum; | (y) | Trichomoniases |
| (m)) | fowl typhoid; | (z) | other disease determined to be reportable by the livestock commissioner. |

# Veterinarian Acclimation Statement

Outdoor housing facilities – restrictions:

**(1) The following categories of dogs or cats must not be kept in outdoor facilities, unless that practice is specifically approved by the attending veterinarian:**

(A) Dogs or cats not acclimated to the temperatures prevalent in the area or region in which the animal is maintained;

(B) Breeds of dogs or cats that cannot tolerate the prevalent temperatures of the area without stress or discomfort (such as short-haired breeds in cold climates); and

(C) Sick, infirm, aged, or young dogs or cats.

_____

I certify that I have discussed this issue with _____
_____(name and address) and I approve the following animals being kept outdoors:

***(veterinarian – please initial all that are approved)***:

_____ Dogs or cats not acclimated to the prevalent temperatures.
_____ Short haired breeds.
_____ Sick dogs or cats.
_____ Aged dogs or cats.
_____ Puppies or kittens over the age of 8 weeks.
_____ Puppies or kittens under the age of 8 weeks.
_____ I approve dogs (or cats) whelping outdoors.

Veterinarian's signature/license number: _____
Please print name: _____
Date: _____

Breeds of dogs and/or cats present at the facility on this date:
_____
_____
_____
_____
_____
_____

**Please return to:**

Kansas Department of Agriculture
Records Center – Animal Health
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Topeka, Kansas 66612
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Fax: 785-296-6418