

Send form to Manhattan address:

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 Manhattan, KS 66502
 785-564-6700
 www.agriculture.ks.gov



900 SW Jackson, Room 456
 Topeka, KS 66612
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Mike Beam, Secretary

Laura Kelly, Governor

Kansas Veterinary Care Form

Each facility licensed under the Kansas Pet Animal Act (excluding USDA licensed Animal Breeders and/or Distributors) is required to have a current veterinary care form on file with the Animal Facility Inspection Program. This form is evaluated and must be renewed on an annual basis. By completing and signing this document, the veterinarian agrees that a veterinary-client-patient relationship has been established for the primary care of the animals according to K.S.A. 47-1701(dd), an onsite visit of the facility, completion of the veterinary inspection form, and a program of veterinary care has been established.

Licensee Information			Veterinarian Information		
First Name	Last Name		First name	Last name	
Business Name			Clinic Name		
Premise Address			Clinic Address		
City	Zip Code	County	City	Zip Code	County
License number(s)	Phone Number		Phone number	KS Vet License number	

Indicate each species on the premise:

Dogs:
 Cats:
 Rodents:
 Reptiles:
 Other (specify):

K.S.A. 47-1701 (dd)(1) Adequate Veterinary Care is defined by: (A) A documented program of disease control and prevention, euthanasia and routine veterinary care shall be established and maintained under the supervision of a licensed veterinarian, on a form provided by the commissioner, and shall include a documented on-site visit to the premises by the veterinarian at least once a year. (B) that diseased, ill, injured, lame, or blind animals shall be provided with veterinary care as needed for the health and well-being of the animal.

K.S.A. 47-816. Definitions (n) "Veterinary-client-patient relationship" means: (1) The veterinarian has assumed the responsibility for making medical judgments regarding the health of the animal or animals and the need for medical treatment, and the client, owner or other caretaker has agreed to follow the instruction of the veterinarian; (2) there is sufficient knowledge of the animal or animals by the veterinarian to initiate at least a general or preliminary diagnosis of the medical condition of the animal or animals. This means that the veterinarian has recently seen or is personally acquainted with the keeping and care of the animal or animals by virtue of an examination of the animal or animals, or by medically appropriate and timely visits to the premises where the animal or animals are kept, or both; and (3) the practicing veterinarian is readily available for followup in case of adverse reactions or failure of the regimen of therapy.

Please continue to the next page.

Protocols and Procedures

Emergency care plan: Describe provisions for weekend and holiday care

Describe the prevention and treatment plan for internal parasite control: (heart worms, intestinal worms)

Describe the vaccination protocols for this facility:

Describe the treatment and prevention plan for external parasite control: (fleas, ticks, mites, lice, and flies)

Euthanasia protocols must be in accordance with approved euthanasia methods outlined in the **2013 Edition of the AVMA Guidelines for the Euthanasia of Animals** and will be carried out by the following:

Describe the method of euthanasia used: Licensee ☐ Veterinarian ☐

Please continue to the next page.

Veterinarian On-Site Visit and Inspection Form

This must be filled out during the required onsite annual inspection.

Date of On-Site Visit: _____

Animal Inventory

Personal Pets	Adult Dogs	Puppies	Adult Cats	Kittens

Yes	No	The facility is of sound structure, good repair, adequate size and is clean and sanitary in which the animals are/will be housed.
Yes	No	A comprehensive preventative health and treatment plan has been established. The plan has been reviewed with facility personnel and they are comfortable with the importance of administering it.
Yes	No	The facility has adequate means of keeping dogs and/or cats cool in the summer and warm in the winter.
Yes	No	The facility has proper feeding and watering techniques available to assure adequate care for the pets on the premises.
Yes	No	All pets on the premises seem to be of good health and appearance. (Mark yes if there are no animals present, and please make a notation of "no animals present")
Yes	No	Sanitation and isolation protocols have been developed for the facility and reviewed with the licensee?
Yes	No	The facility's contingency and emergency response plan has been reviewed and adequate to meet the needs of the facility pet animals?

Notes or comments:

VETERINARY CERTIFICATION STATEMENT

By signing below, I certify that:

- a) Veterinary-client-patient relationship has been established
- b) An onsite visit of the facility and the veterinary inspection form has been completed
- c) A program of veterinary care has been established.

Veterinarian Signature: _____

Date: _____

Licensee Signature: _____

Date: _____