



# KENTUCKY BOARD OF VETERINARY EXAMINERS

4047 Iron Works Parkway, Suite 104, Lexington, KY 40511

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## Application for AAHP Facility Registration

**OFFICIAL USE ONLY**

**Instructions:** This application shall be completed by a registered responsible party or AAHP manager in order to apply for an AAHP facility registration in Kentucky pursuant to KRS Chapter 321 and 201 KAR Chapter 16. Completion of all fields on this application is mandatory. Insufficient answers or omissions will be sufficient grounds for rejection of this application. **Review the check list at the end of the application to ensure your submission is complete. Print SINGLE SIDED; DO NOT staple.**

KRS 321.181(57) states, “‘Registered responsible party’ means at least one (1) person who: (a) ... is designated as the registered responsible party on a facility registration and is responsible for its operation and management in conjunction with the veterinarian manager or allied animal health professional manager; and (b)... At a minimum, the registered party shall include all persons, owners, and corporate owners of the registered veterinary facility or allied animal health professional facility”.  
KRS 321.181(3) states, “‘Allied animal health professional manager’ or ‘AAHP manager’ means at least one (1) board-permitted AAHP who registers to assume responsibility for the registration, management, and operation of a registered allied animal health professional facility;”.

I. AAHP Facility Contact Information				
Name of AAHP Facility / Business				
Facility Website				
Facility Phone Number				
Facility Email Address				
Primary Facility Type	<input type="checkbox"/> Fixed Facility <input type="checkbox"/> Mobile Unit			
Address Type	Street	City	Zip	County
Mailing Address				
Physical Premise Address (If mobile unit, parking address)				
REQUIRED ATTACHEMENT	<input type="checkbox"/> Kentucky Secretary of State Business Registration			
Has this facility previously applied for or been registered as an AAHP facility with the Kentucky Board of Veterinary Examiners?	<input type="checkbox"/> Yes or <input type="checkbox"/> No			
If yes, provide the dates of previous application(s) and registration(s).				

Submit Complete Application to:  
Kentucky Board of Veterinary Examiners  
4047 Iron Works Parkway, Suite 104  
Lexington, Kentucky 40511



<b>III. Registered Responsible Party<sup>†</sup></b>					
<b>First Name</b>	<b>Last Name</b>	<b>Date of Birth</b>	<b>Mailing Address</b>	<b>Phone</b>	<b>Email</b>

<b>II. AAHP Manager<sup>†</sup></b>				
<b>First Name</b>	<b>Last Name</b>	<b>KBVE Permit No.</b>	<b>Phone</b>	<b>Email</b>

- <sup>†</sup>**NOTES:**
- 1) Attach additional pages as needed.
  - 2) Pursuant to 201 KAR 16:777, Section 4(1), notification of any change to the registered responsible party shall be sent to KBVE within 30 days.
  - 3) Pursuant to 201 KAR 16:777, Section 4(2), notification of any change to the AAHP manager shall be sent to KBVE within ten (10) days.

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<b>IV. Registered Facility Licensee Information</b>		
<b>Name of AAHP(s), if applicable*</b>	<b>Permit Number</b>	<b>Employment Status</b> (Direct employee, contract work, fulltime, parttime, etc.)
<b>Name of Veterinary Technician(s), if applicable*</b>	<b>License Number</b>	<b>Employment Status</b>

\*Attach additional pages as necessary.

**V. Operational Information**

1. Identify typical hours of operation posted for the public (excluding holiday hours):

<b>Day</b>	<b>Hours</b>
<b>Sunday</b>	
<b>Monday</b>	
<b>Tuesday</b>	
<b>Wednesday</b>	
<b>Thursday</b>	
<b>Friday</b>	
<b>Saturday</b>	

2. Identify the Kentucky counties served by the facility or indicate "statewide".

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**3. Identify species served and percentages. (Check all that apply)**

- Small animal** = \_\_\_\_%
  - feline     canine
- Livestock (excluding equine)** = \_\_\_\_%
  - bovine (beef or dairy)     small ruminants     camelid
  - poultry     porcine     Other: \_\_\_\_\_
- Equine** = \_\_\_\_%
- Exotics** = \_\_\_\_%
  - avian (non-livestock)     pocket pets     Other: \_\_\_\_\_

**4. Identify the patient services offered by the facility:**

- Animal chiropractic
- Other, indicate type(s): \_\_\_\_\_

**5. Indicate if this premises offers a haul-in facility.**

\_\_\_\_\_

**6. Identify after-hours care arrangements and if a signed agreement is in place.**

\_\_\_\_\_

**7. Identify mobile units\* affiliated with the facility:**

Mobile Unit License Plate (State – Plate #)	Vehicle Make & Model	Primary parking address, if different from page 1	Counties served	Primary species served

\*Attach additional pages as necessary.

**8. Indicate if the AAHP facility or any facility employee holds one (1) or more of the following permits from the Kentucky Department of Fish and Wildlife Resources (KDFWR).**

KDFWR Regulatory Citation	Permit Name	Permit Number	Expiration Date
301 KAR 2:075	Certified Wildlife Rehabilitator		
301 KAR 3:120	Commercial Nuisance Wildlife Control Operator		
301 KAR 2:081	Captive Wildlife Holder		
301 KAR 2:082	Wildlife Transporter		



**VI. Application Check List**

- Acknowledgement regarding requirement to post AAHP facility registration on the premises of each registered fixed facility and mobile unit.
- Application fee – Payable to the **Kentucky State Treasurer**. Fees pursuant to 201 KAR 16:517. Checks may be personal, business, cashier’s check, or money order. Do not send cash. Mail to KBVE.
  - On or before June 30, 2025,
    - \$100 for initial registration for a fixed facility and up to two (2) mobile units; or
    - \$100 for initial registration for three (3) mobile units without a fixed facility; and
    - \$25 for each additional mobile unit, total additional units = \_\_\_\_\_ x \$25 = \_\_\_\_\_.
  - After June 30, 2025, initial registration fees:
    - \$500 fixed facility and up to two (2) mobile units.
    - \$500 three (3) mobile units without a fixed facility.
    - \$50 for each additional mobile unit, total additional units = \_\_\_\_\_ x \$50 = \_\_\_\_\_.

I hereby state that the information contained herein and attached to this application is true and accurate to the best of my knowledge, and that should the Kentucky Board of Veterinary Examiners determine that any statement herein is false, I acknowledge the Board may suspend, revoke, or terminate any credential issued by the board.

Further, I understand that the registered facility and all employees of and those contracted with the facility are required to abide by KRS Chapter 321 and 201 KAR Chapter 16. For direct links to the statutes and administrative regulations that shall govern the facility’s activities, I am aware I can review the materials by visiting the KBVE website at <https://kbve.ky.gov/Pages/practice-act.aspx>.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

