



KENTUCKY BOARD OF VETERINARY EXAMINERS

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

Office: 502-564-5433 • Fax: 502-753-1458

kbve.ky.gov • [vet@ky.gov](mailto:veter@ky.gov)

Registration for Mass Rabies Immunization Clinic

Instructions: Pursuant to 201 KAR 16:762, Section 3(3), this form must be submitted 30-days in advance of any mass rabies immunization clinic held in the Commonwealth of Kentucky when the clinic is to be held in a public space (i.e., not in a registered veterinary facility). **If submitting printed materials to the Board, print SINGLE SIDED; DO NOT staple.**

<u>OFFICIAL USE ONLY</u>

I. Requestor Contact Information

First Name	Last Name	Phone Number	
Email Address		Business Phone	
Name of Sponsoring Entity / Agency / Business			
Entity Address	Street	City	Zip
			County
Entity Website			
If not the Requestor, Name of Local Health Dept.			
Name of Contact at Local Health Dept.			
Health Dept. Phone		Health Dept. Email	

II. Mass Rabies Clinic Request Information

Clinic Location	Street	City	Zip
			County
Date(s) & Times		Est. # of Patients To Be Served	
Methods of Advertising			
Clinic Flow Plan	Submit a clinic flow plan (See attached example in Section V.)		

Submit Complete Form to: Vet@ky.gov or via post to
 Kentucky Board of Veterinary Examiners
 4047 Iron Works Parkway, Suite 104
 Lexington, Kentucky 40511



III. Kentucky Licensed Veterinarians Working at Clinic

List each KY Licensed Veterinarian(s) administering vaccines and services during clinic.
 Attach additional sheets as necessary.

	First Name	Last Name	Kentucky License Number
1.			
2.			
3.			

IV. Acknowledgements

Check the box next to each statement indicating that you have read, understand, and acknowledge the laws of the Commonwealth that apply to mass rabies immunization clinics.

- Administration of Rabies Vaccine.** Pursuant to [KRS 258.043](#) and [902 KAR 2:070](#), in Kentucky the rabies vaccine may only be administered by a KBVE-licensed veterinarian. I understand that a licensed veterinary technician (LVT), veterinary assistant, or anyone else who is not a KBVE-licensed veterinarian may not administer the rabies vaccine.
- Vaccination Certificate.** Pursuant to [902 KAR 2:070](#), a rabies certificate shall be issued to the client for each vaccinated animal and the certificate shall be in conformity with the National Association of State Public Health Veterinarians (NASPHV) Form 51.
- Medical Records.** Pursuant to 201 KAR 16:701, copies of rabies certificates shall be kept by the administering veterinarian to serve as the required medical record. If other services are offered beyond the rabies vaccine, copies of full medical records shall be retained by the administering veterinarian.
- Services Offered Beyond Rabies Vaccines.** Pursuant to [KRS 321.203](#), [KRS 321.236](#), and 201 KAR 16:762, Section 3(3), any veterinary services offered beyond the rabies vaccine shall trigger the requirement for services to be offered at a registered veterinary facility, either fixed or mobile.

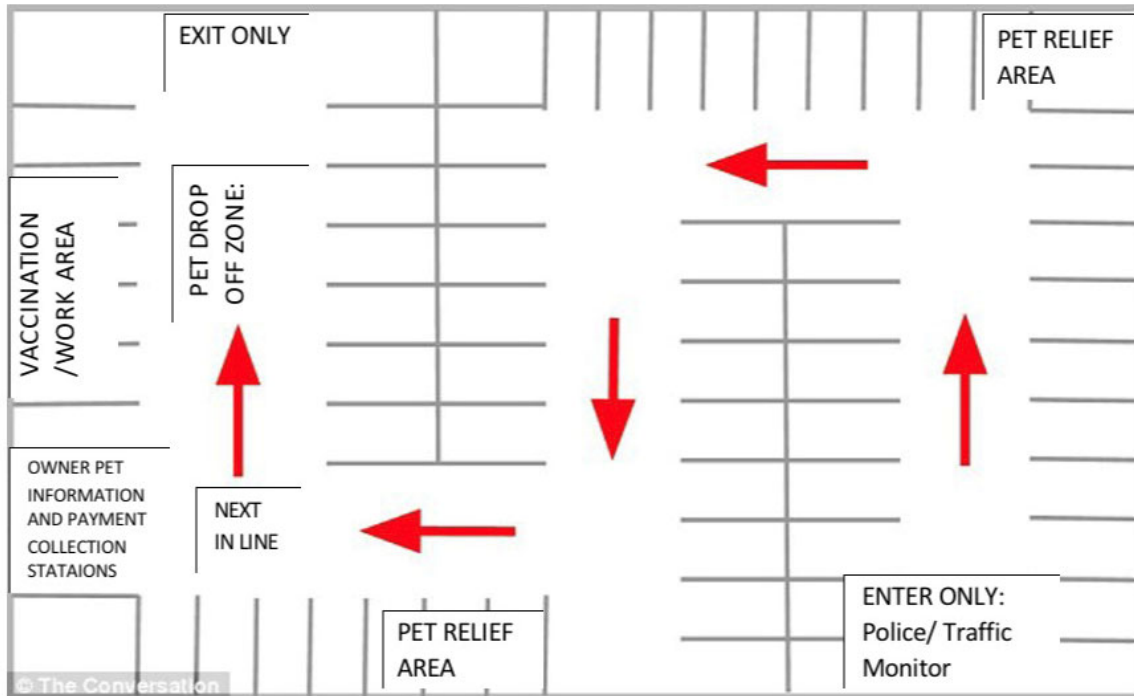
I hereby state that the information contained herein is true and accurate to the best of my knowledge. Further, I understand I am required to abide by KRS Chapter 321 and 201 KAR Chapter 16. For direct links to the laws and regulations that govern rabies vaccination clinics and veterinary facilities, I am aware I can review the materials by visiting the KBVE website at <https://kbve.ky.gov/Pages/practice-act.aspx>.

Signature of Requestor		Date	
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BOARD USE ONLY			
Reviewer Initials		Date	
Determination	<input type="checkbox"/> Approved <input type="checkbox"/> Approved with Modifications (See comments below) <input type="checkbox"/> Not approved (See comments below)		
Comments			



V. Clinic Flow Plan



SAMPLE MAP OF LOCATION LAYOUT/FLOW:

OWNER WILL STAY IN VEHICLE, FOLLOWING ONE-WAY TRAFFIC MARKERS TO NEXT IN LINE WAITING AREA. STAFF MEMBER WILL COLLECT NEEDED INFORMATION AND PAYMENT FROM OWNER. VEHICLE WILL THEN PROCEED TO DROP OFF AREA AS DIRECTED. STAFF MEMBER WILL RETRIEVE PET FROM VEHICLE. DVM WILL COMPLETE THE VACCINATIONS AS REQUESTED BY OWNER. STAFF MEMBER WILL RETURN PET TO OWNER. VEHICLE WILL THEN PROCEED TO EXIT AS DIRECTLY.

- ALL AREA AND ZONES WILL BE CLEARING MARKED WITH SIGN/CONES/ STAFF MEMBERS, AND TRAFFIC TAPE.