

## KENTUCKY BOARD OF VETERINARY EXAMINERS

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## Reinstatement Application for Registered AAHP Facilities

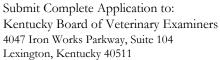
**Instructions:** This application shall be completed by a registered responsible party or an AAHP manager to apply for reinstatement of an AAHP facility registration in Kentucky pursuant to KRS Chapter 321 and 201 KAR Chapter 16. Completion of all fields on this application is mandatory. Insufficient 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(68) 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 / Busin	ness					
Facility Website						
Facility Phone Number						
Facility Email Address						
Primary Facility Type		☐ Fixed Facility ☐ Mobile Unit				
Address Type	Street		City		Zip	County
Mailing Address						
Physical Premise Address (If mobile unit, parking address)						
REQUIRED ATTACHEMENT      Kentucky Secretary of State Business Registration						
Has this facility previously applied for or been registered facility with the Kentucky Board of Veterinary Examiner			erinary	□ Yes	or 🗆 No	
If yes, previous registration number and date of expiration.						





III. Registered Responsible Party <sup>†</sup>					
First Name	Last Name	Date of Birth		Phone	Email
			<u> </u>		
L	l	l			

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

- $^{\dagger}$ **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.



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

## V. Operational Information

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

Day	Hours
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

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

<sup>\*</sup>Attach additional pages as necessary.

3.	3. Identify species served and percentages. (Check all that apply)					
	$\square$ Small animal =%					
	☐ feline ☐	☐ canine				
	☐ Livestock (excluding equine) =%					
	☐ bovine (bo	eef or dairy) $\square$	small ruminants	☐ camelid		
	☐ poultry		porcine	☐ Other:		
	☐ Equine =	0/_0	•			
	$\Box$ Exotics =					
			pocket pets   C	ther:	-	
4.	Identify the pati	ent services off	ered by the facility:	:		
	☐ Animal chiro	practic				
	☐ Other, indicar	te type(s):				_
5.	Indicate if this premises offers a haul-in facility.					
6.	6. Identify after-hours care arrangements and if a signed agreement is in place.					
7.	7. Identify mobile units* affiliated with the facility:					
	Mobile Unit	Vehicle				
	License Plate	Make &	Primary parkin			Primary
	(State – Plate #)	Model	different from	page 1	Counties served	species served
	*Attach additiona	l pages as necess	sary.		<u> </u>	ļ

8. Indicate if the veterinary 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		



I.	Application Check List					
	Acknowledgement regarding requirement to post AAHP each registered fixed facility and mobile unit.	facility registration on the premises of				
	Reinstatement 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. <u>Do not</u> send cash. Mail to KBVE.					
	$\square$ \$675 - If less than six (6) months has elapsed since the da	te of expiration.				
	□ \$725 - If greater than six (6) months has elapsed since the years.	date of expiration and less than five (5)				
to the	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 <a href="https://kbve.ky.gov/Pages/practice-act.aspx">https://kbve.ky.gov/Pages/practice-act.aspx</a> .						
Sig	nature	Date				
Pri	nted Name	Title				