



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)

Renewal Application for Registered Veterinary Facilities

OFFICIAL USE ONLY

Instructions: This application shall be completed by a registered responsible party or veterinarian manager to renew a veterinary 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, “Veterinarian manager’ means at least one (1) Kentucky-licensed veterinarian who registers to assume responsibility for the registration, management, and operation of a registered veterinary facility”.

I. Veterinary Facility Contact Information				
Name of Veterinary 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			
Current Registration Number				
Current Expiration Date				

Submit Complete Application to:
Kentucky Board of Veterinary Examiners
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Lexington, Kentucky 40511



III. Registered Responsible Party†					
First Name	Last Name	Date of Birth	Mailing Address	Phone	Email

II. Veterinary Manager†				
First Name	Last Name	KBVE License No.	Phone	Email

- †NOTES:** 1) Attach additional pages as needed.
 2) The veterinary facility is required to notify the Kentucky Board of Veterinary Examiners (KBVE) of any change to the registered responsible party within 30 days, pursuant to 201 KAR 16:565, Section 4.

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

*Attach additional pages as necessary.

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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".

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:

- Preventative health Holistic health
- Internal medicine Hospital services Emergency services
- Surgery services Imaging, indicate type(s): _____
- Specialty medicine, 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 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		

VI. Application Check List

- Acknowledgement regarding requirement to post veterinary facility registration on the premises of each registered fixed facility and mobile unit.
- Renewal fee – Payable to the **Kentucky State Treasurer**. Fees pursuant to 201 KAR 16:515. Checks may be personal, business, cashier’s check, or money order. Do not send cash. Mail check to KBVE.
 - \$450 fixed facility and up to two (2) mobile units; or
 - \$450 three (3) mobile units without a fixed facility; and
 - \$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

