



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

Request for Facility Information Change

OFFICIAL USE ONLY

Instructions: This form shall be completed by a KBVE-registered facility veterinary manager, AAHP manager, or registered responsible party to update a registered facility's legal name, address, or other contact information. Forms may be completed electronically and emailed to Vet@ky.gov.

I. Requestor Information			
<u>Current</u> Registered Facility Business Name (as registered with the Secretary of State)			
KBVE Registration Number	Expiration Date	If a mobile unit, Mobile Unit: State and License Plate	
Current Email Address			
Current Cell Phone		Current Business Phone	

II. Name Change Information, if any
<u>NEW</u> Registered Facility Business Name

III. Address Change Information, if any					
Address Type	Street	City	ST	Zip	Country
<u>NEW</u> Business Mailing Address					
<u>NEW</u> Physical Business Address					
<u>NEW</u> Email					
<u>NEW</u> Business Cell					

IV. Required Attachments
<input type="checkbox"/> For <u>name or address change</u> , include an updated copy of the Secretary of State registration.

Signature of Requestor		Date	
Printed Name of Requestor		Title	

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

