



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

## Request for a New AAHP Manager

**OFFICIAL USE ONLY**

**Instructions:** This request form shall be completed by the registered AAHP facility who must report a new AAHP manager or to update the contact information for the AAHP manager in accordance with 201 KAR 16:777. Completion of all fields on this application is mandatory. Insufficient answers or omissions will be sufficient grounds for rejection of this request. **Review the check list on the last page to ensure your request is complete. Print SINGLE SIDED; DO NOT staple.**

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. Registered Facility Information				
Name of Registered AAHP Facility				
Facility Website				
Facility Phone Number				
Facility Email Address				
Address Type	Street	City	Zip	County
Mailing Address				
Physical Address				
Current AAHP Manager				
Full Name				
Permit Number				
Email Address				
Phone Number				

Submit Completed Form to  
[Vet@ky.gov](mailto:Vet@ky.gov) (preferred) or mail to:  
Kentucky Board of Veterinary Examiners  
4047 Iron Works Parkway, Suite 104  
Lexington, Kentucky 40511



II. New AAHP Manager					
First Name	Middle Name	Last Name			
Date of Birth (required)		Social Security Number (required)			
KY License Number					
Address Type	Street	City	ST	Zip	County
Personal Mailing Address					
Cell Phone			Business Phone		
Personal Email Address					
Business Email Address					
<p><b>1. Does this individual manage other AAHP facilities in Kentucky?</b>  <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, list the registration numbers of all other managed facilities.</p> <p>_____</p>					
<p><b>2. State the number of hours per month the AAHP manager shall be on the premises of this registered AAHP facility. Attach supporting documents if necessary.</b></p> <p>_____</p>					

### III. Application Check List

- Background Check.** Complete and submit the official results of a background check to KBVE for the new AAHP manager from a board approved provider. Visit [kbve.ky.gov](http://kbve.ky.gov) on the Applications and Forms page and look under the Background Checks heading for more information.

Date Requested: \_\_\_\_\_

I hereby state that the information contained herein 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 understand that the board may suspend, revoke, or terminate any certificate issued by the board.

Further, I understand that the AAHP facility and all employees, contractors, and volunteers at the facility, if any, 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 registered facility activities, I am aware I can visit the KBVE website at <https://kbve.ky.gov/Pages/practice-act.aspx>.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Title

Submit Completed Form to:  
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