

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

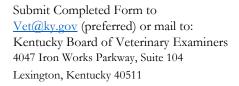
Request for a New Veterinarian Manager

Instructions: This request form shall be completed by the registered veterinary facility who must report a new veterinarian manager or to update the contact information for the veterinarian manager in accordance with 201 KAR 16:767. 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.**

OFFICIAL USE ONLY

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. Registered Facility Information								
Name of Registered V	eterinary Faci	lity						
Facility Website								
Facility Phone Number	er							
Facility Email Address	3							
Address Type	Street		City	Zip	County			
Mailing Address								
Physical Address								
Current Veterinarian Manager								
Full Name								
License Number								
Email Address								
Phone Number								





II. New Veto	erina	rian Manager					
First Name		Middle Name		Last Name			
Date of Birth (required)			Social Se (required)	curity Number			
KY License Number							
Address Type	Street		City		ST	Zip	County
Personal Mailing Address							
Cell Phone			Business Phone				
Personal Email Addres	s						
Business Email Addres	s						
		nage other veterinary fa		•			
\square Yes or \square No	If yes,	list the registration number	ers of all o	ther managed fac	cilities.		
	•	N 1 T					
III. Applicat	ion (Check List					
veterinarian m	anager t under t	Complete and submit the from a <u>board approved pro</u> he Background Checks he	<u>ovider</u> . Vi	sit <u>kbve.ky.gov</u> o	on the A		
hat should the Kentu	icky Bo	mation contained herein oard of Veterinary Exam nay suspend, revoke, or t	iners dete	ermine that any	staten	nent hereir	n is false, I
acility, if any, are requatorist	uired t	he veterinary facility and to abide by KRS Chapter regulations that shall go	r 321 and i	201 KAR Chapt egistered facili	er 16.]	For direct	links to the
Signature				Date			_
Printed Name	4			Title			

Submit Completed Form to:

Vet@ky.gov (preferred) or mail to

Kentucky Board of Veterinary Examiners
4047 Iron Works Parkway, Suite 104

Lexington, Kentucky 40511

