



# 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:vet@ky.gov)

## Request for a New Veterinarian Manager

**OFFICIAL USE ONLY**

**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.**

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 Veterinary Facility

Facility Website

Facility Phone Number

Facility Email Address

Address Type

Street

City

Zip

County

Mailing Address

Physical Address

#### Current Veterinarian Manager

Full Name

License 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 Veterinarian Manager  |        |             |                                      |           |        |
|---|--------|-------------|--------------------------------------|-----------|--------|
| First Name  |        | Middle Name |                                      | Last Name |        |
|   |        |             |                                      |           |        |
| Date of Birth<br>(required)   |        |             | Social Security Number<br>(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>1. Does this individual manage other veterinary facilities in Kentucky?<br/> <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, list the registration numbers of all other managed facilities.</p> <p>_____</p> |        |             |                                      |           |        |
| <p>2. State the number of hours per month the veterinarian manager shall be on the premises of this registered veterinary facility. Attach supporting documents if necessary.</p> <p>_____</p>                                      |        |             |                                      |           |        |

### III. Application Check List

- Background Check.** Complete and submit the official results of a background check to KBVE for the new veterinarian 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 veterinary 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:  
[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

