

County Office Letterhead – Must show county office name, address, phone number, and (if available) website.

DATE

Dear Members of the Board,

The below listed animal shelter facility is being utilized by _____ County pursuant to [KRS 258.195](#) and [KRS 258.119\(3\)\(b\)](#), as the General Assembly mandated county animal shelter.

The address of the ACA facility is:

- **Animal Control Agency Name, Address, Phone, Hours of Operation**

The nature of the relationship of the County to the ACA is (check one):

- Owned
- Leased
- Contracted

In applying to the Kentucky Board of Veterinary Examiners (KBVE) for an animal control agency (ACA) certificate, I acknowledge that the ACA Designated On-site Manager ([KRS 321.181\(30\)](#)) shall be responsible for compliance with the provisions outlined for ACAs and animal euthanasia specialists in [KRS Chapter 321](#) and [201 KAR Chapter 16](#), as well as the requirements established by the United States Drug Enforcement Administration (DEA) related to the procurement, management, and disposal of controlled substances.

I have read [201 KAR 16:552](#), and understand the:

- Responsibilities of the Designated On-site Manager,
- Notification requirements and timelines for a change in the manager,
- Drug storage requirements,
- Drug record keeping requirements, and
- Procedures for destruction or disposal of drugs stored at the ACA.

Further, I understand and acknowledge the following:

- KBVE-certified animal control agencies are subject to an annual inspection or as needed inspections by a KBVE inspector or representative to ensure compliance with the law; and
- All controlled drugs, drug order forms, and drug logs must be stored at the DEA Registration address of record, which is typically the ACA and not the county office.

Please contact me with any questions or concerns at **phone** or **email**.

Sincerely,

Signature
Printed Name – County Judge/Executive

Date