KENTUCKY BOARD OF VETERINARY EXAMINERS
4047 Iron Works Parkway, Suite 104, Lexington, KY 40511
Office: 502-564-5433 • Fax: 502-573-1458
kbve.ky.gov • 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(70) 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

Legal Name of Registered Veterinary Facility				
Doing-Business-As (D.B.A.) Name of Registered Veterinary Facility				
Facility Website				
Facility Phone Number		**KY Registered Facility #**		
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 (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	KY License Number

Date of Birth (required)		**KY License #**			
Address Type	**Street**	**City**	**ST**	**Zip**	**County**
Personal Mailing Address					
Cell Phone		**Business Phone**			
Personal Email Address					
Business Email Address					

1. **Does this individual manage other veterinary facilities in Kentucky?**
   ☐ Yes or ☐ No If yes, list the registration numbers of all other managed facilities.

   _____

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.

   _____

III. Application Check List

I hereby state that the information contained herein and attached to this application is true and accurate to the best of my knowledge, and that I am not omitting any information which might be of value to this Board or its determination of my qualifications, whether it is requested or not. I agree that any falsification, omission, or withholding of pertinent information or facts regarding my application shall be grounds for the Kentucky Board of Veterinary Examiners to suspend, revoke, or terminate any credential issued by the Board.

I further affirm that the veterinarian manager(s) identified in this application have accepted the duties of that position, consent to being designated as such, that the applicant possesses written documentation confirming their consent to serve and to fulfill the responsibilities established by regulation, and that such proof shall be provided to the Board upon request.

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**

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