



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

Application for Certification as an Animal Control Agency (Restricted Controlled Substance Registration Authorization)

OFFICIAL USE ONLY

Instructions: This application shall be completed by the animal control agency and a designated on-site manager identified in order to be certified as an approved animal control agency in Kentucky pursuant to KRS Chapter 321. Completion of all fields on this application is mandatory. Insufficient answers or omissions will be sufficient grounds for rejection of this application. **Review the check list at the end of the application to ensure your submission is complete. Print SINGLE SIDED; DO NOT staple.**

201 KAR 16:550, Section 1(4) states, “Designated On-site Manager’ means a person who registers with the board to assume responsibility for the ordering, management, use, and disposal of controlled substances at a board-certified animal control agency.”

| I. Agency Contact Information | | | | |
|-------------------------------|--------|------|-----|--------|
| Name of Animal Control Agency | | | | |
| | | | | |
| Agency Website | | | | |
| Agency Phone Number | | | | |
| Agency Email Address | | | | |
| Address Type | Street | City | Zip | County |
| Mailing Address | | | | |
| Physical Address #1 | | | | |
| Physical Address #2 | | | | |
| Fiscal Agent of Agency | | | | |
| Fiscal Agent Address | | | | |
| Fiscal Agent Phone Number | | | | |
| Fiscal Agent Email Address | | | | |

Submit Complete Application to:
Kentucky Board of Veterinary Examiners
4047 Iron Works Parkway, Suite 104
Lexington, Kentucky 40511



| II. Agency Designated On-site Manager† | | | | | |
|---|--|--------------------|--|---|--|
| First Name | | Middle Name | | Last Name | |
| | | | | | |
| Date of Birth (required) | | | | Social Security Number (required) | |
| | | | | | |
| Address Type | | Street | | City | ST Zip County |
| Personal Mailing Address | | | | | |
| Business Phone | | | | Cell Phone | |
| Personal Email Address | | | | | |
| Business Email Address | | | | | |
| <p>1. Are you now, or have you ever been, addicted to or undergone treatment for the use of narcotics, drugs, prescription drugs, or the excessive use of intoxicating substances, including alcohol? <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, explain. Attach supporting documents if necessary.</p> <p>_____</p> | | | | | |
| <p>2. Have you ever been convicted of a felony or misdemeanor other than a minor traffic violation? <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, explain. Attach supporting documents if necessary.</p> <p>_____</p> | | | | | |

†NOTE: The animal control agency is required to notify the Kentucky Board of Veterinary Examiners (KBVE) of any change to the designated on-site manager within ten (10) days, pursuant to 201 KAR 16:550, Section 2(6).

| III. Agency Veterinary Information | | |
|---|--|---|
| Name of Veterinarian(s), if applicable* | License Number | Employment Status (Direct employee, contract work, fulltime, part time, etc.) |
| | | |
| Name of Veterinary Technician(s), if applicable* | License Number | Employment Status |
| | | |
| Name of Animal Euthanasia Specialists* | Certificate Number If not yet board certified, indicate, "pending" | Employment Status |
| | | |
| | | |
| | | |

*Attach additional pages as necessary.

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IV. Background Information

3. Has this animal shelter previously applied for or been certified as an animal control agency with the Kentucky Board of Veterinary Examiners?

Yes or No

If yes, provide the dates of previous application(s) and certification(s). If approved, provide the certificate number formerly issued to the agency. If denied, provide the reason for denial.

4. Identify the counties served by the animal control agency.

5. Indicate if a veterinary facility serving the publically owned animals exists on the same premises as the animal shelter.

Yes or No

If yes, provide the veterinary facility registration number.

6. Indicate if any services other than animal shelter and adoption services are provided to public on the same premises as the animal shelter.

Yes or No

If yes, list the services provided to the public.

7. Indicate if the animal control agency or any agency employee holds one (1) or more of the following permits from the Kentucky Department of Fish and Wildlife Resources (KDFWR).

| KDFWR Regulatory Citation | Permit Name | Permit Number | Expiration Date |
|------------------------------|---|---------------|--------------------|
| 301 KAR 2:075 | Certified Wildlife Rehabilitator | | |
| 301 KAR 3:120 | Commercial Nuisance Wildlife Control Operator | | |
| 301 KAR 2:081 | Captive Wildlife Holder | | |
| 301 KAR 2:082 | Wildlife Transporter | | |



V. Application Check List

- Inspection agreement.** Acknowledgment of agreement to **submit to inspection** by a board representative pursuant to 201 KAR 16:550, Section 5.
- Background Check.** Complete and submit the official results of a background check to KBVE for the agency designated on-site manager from a board approved provider. Visit www.kybve.com on the Applications and Forms page and look under the Background Checks heading for more information.
Date Requested: _____ Regulatory Citation: 201 KAR 16:550, Section 2(7).
- Disciplinary records.** If applicable, complete copies of any and all records of actions or circumstances listed in Section II, Question 1. If no disciplinary records to disclose, check the box: N/A
- Animal Control Agency Verification Letter.** Submit a signed letter from the governing body within the county or municipality, including a statement about the animal shelter’s role as an animal control agency or contractor pursuant to KRS 258.195.
A template letter may be downloaded from the KBVE website, and should be transferred to official letterhead of the governing body for submission in support of this application.
- Application fee - \$300.** Payable to the **Kentucky State Treasurer**. Checks may be personal, business, cashier’s check, or money order. Do not send cash.

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 should the Kentucky Board of Veterinary Examiners determine that any statement herein is false, I acknowledge the Board may suspend, revoke, or terminate any certificate issued by the board.

Further, I understand that the animal control agency and all animal euthanasia specialists employed by or contracted with the agency, 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 agency’s euthanasia activities, I am aware I can review the materials by visiting the KBVE website at www.kybve.com/practice-act.html.

Signature

Date

Printed Name

Title

