



KENTUCKY BOARD OF VETERINARY EXAMINERS

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**Certificate of Authenticity
as Records Custodian or Person of Authority with Notary Public**

This is to certify under oath and subject to penalty of perjury, with a notary public witnessing my signature,
on this the _____ day of _____, 202__, I am the records custodian or person of authority
of: _____

name of business

located at _____
city, state, and zip code

and I have personal knowledge, as records custodian or person of authority, that the documents attached to this
Certificate of Authenticity are true and correct copies of the original veterinary medical record, including financial
information, and documents and information in my possession relating to

name of client and patient in veterinarian-client-patient relationship

and these documents were received and/or possessed by me in the ordinary course of its regularly conducted activity
or business, including the practice of veterinary medicine, which documents were lodged and/or stored in the regular
practice of its business activity, and such records were made at or near the time by, or from information transmitted
by, someone with knowledge and otherwise intended to be under the standards for such records under 201 KAR
16:500 §§ 19, 20, and 21. Neither the source of information nor the method or circumstances of preparation indicate
a lack of trustworthiness, as all such documents attached hereto were obtained from my possession, and I have not
altered, concealed, destroyed, mutilated, falsified, or failed to keep or preserve any recorded information from which
the requested documents, information and transactions might be ascertained. The date range of these documents is
from this the _____ day of _____, 202__, to the present and continuing.

Signature

Printed name

Commonwealth of Kentucky)
)
County of _____)

Subscribed, sworn to, and acknowledged before my by
_____ as the Records Custodian
Printed name
or Person of Authority on this the ____ day of
_____, 20__.

Notary Public
My Commission expires: _____

