



KENTUCKY BOARD OF VETERINARY EXAMINERS

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**Certificate of Authenticity
as Records Custodian or Person of Authority (Witnessed)**

This is to certify 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

Witnessed by:

Signature

Printed name

Phone Number

Mailing address

city, state, and zip code

