



**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

