



# KENTUCKY BOARD OF VETERINARY EXAMINERS

4047 Iron Works Parkway, Suite 104, Lexington, KY 40511

Office: 502-564-5433

[kbve.ky.gov](http://kbve.ky.gov) • [vet@ky.gov](mailto:vet@ky.gov)

## Renewal Application for Animal Control Agencies (Restricted Controlled Substance Registration Authorization)

**OFFICIAL USE ONLY**

**Instructions: ONLINE RENEWAL PREFERRED.** If you are unable to complete the online application, this renewal application shall be completed in order to have certification renewed for an animal control agency 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.**

**RENEWAL NOTICE:** KRS 321.207 requires each certified animal control agency to renew the certification by March 1 every year. Kentucky law allows for a 60-day renewal grace period (until April 30). **Certificates not renewed by April 30 of each year shall expire; be hereby advised at such time the animal control agency shall CEASE AND DESIST all animal euthanasia until such time as the shelter is recertified,** or unless such actions are conducted by a Kentucky licensed veterinarian or an active veterinary technician directly supervised by a Kentucky licensed veterinarian.

I. Agency Contact Information				
Name of Animal Control Agency				
Certificate Number		Current Expiration Date		
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 Phone Number				

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



<b>II. Agency Designated Onsite Manager<sup>†</sup></b>					
First Name		Middle Name		Last Name	
Date of Birth (required)			Social Security Number (required)		
Address Type	Street	City	ST	Zip	County
Personal Mailing Address					
Cell Phone			Business Phone		
Personal Email Address			Business Email Address		
If new designated on-site manager, start date (MM/DD/YYYY):					
<p>1. Since your last renewal, are you now, or have you 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. Since your last renewal, have you 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>					

<sup>†</sup> 201 KAR 16:550, Section 1(3) 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.” The animal control agency is required to notify the board of any change to the designated onsite manager within ten (10) days, pursuant to 201 KAR 16:550, Section 5.

<b>III. Agency Veterinary Information</b>		
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 (AES)* NOTE: AES certificate renewal (separate renewal for each certificate) is due by same deadline as animal control agency renewal	Certificate Number If not yet board certified, indicate, “pending”	Employment Status

\*Attach additional pages as necessary.

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### IV. Background Information

3. Provide the animal control agency’s Drug Enforcement Administration (DEA) Registration number:

\_\_\_\_\_

4. Indicate the registered address on the DEA Registration:

\_\_\_\_\_

5. Indicate the registered name on the DEA Registration:

\_\_\_\_\_

6. Since the last renewal, has the DEA taken any action against this DEA Registration?

Yes or  No If yes, explain. Attach supporting documents if necessary.

\_\_\_\_\_

7. Indicate if there are other DEA Registrations at this location and whose name the DEA Registration(s) is under:

\_\_\_\_\_

**If the current date is past April 30 of the renewal cycle,  
the animal control agency must apply for reinstatement.  
Visit [www.kybve.com/forms.html](http://www.kybve.com/forms.html) for a copy of the Reinstatement Application.**

### 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.
- Disciplinary records.** If applicable, any and all records of actions listed in response to Section II, Question 1. If no disciplinary records to disclose, check the box:  N/A
- Fee payment.** Check one box below for the certificate holder’s situation; all fees pursuant to 201 KAR 16:514. Payments should be made payable to the **Kentucky State Treasurer**. Checks may be personal, business, cashier’s check, or money order. Send check attached to the application to the KBVE. Do not send cash. **There are no exceptions to the listed deadlines.**
  - **Renewal fee for active status,** with completed renewal application submitted -
    - On time - \$90 - postmarked by March 1.**
    - Late - \$165 - postmarked by April 30.**
  - **Renewal fee for first time renewal - initially certified on or after November 1 - active status,** with completed renewal application submitted -
    - On time - \$0 - postmarked by March 1.**
    - Late - \$75 - postmarked by April 30.**



I hereby state that the information contained herein 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 understand that 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 visit the KBVE website at [www.kybve.com/practice-act.html](http://www.kybve.com/practice-act.html) to download the materials.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Printed Title

\_\_\_\_\_  
Email

