



KENTUCKY BOARD OF VETERINARY EXAMINERS

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

Office: 502-564-5433

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

Renewal Application for Animal Euthanasia Specialists

Instructions: ONLINE RENEWAL PREFERRED. If you are unable to complete the online application, this application shall be completed by the individual seeking to have their certification renewed as an animal euthanasia specialist pursuant to KRS Chapter 321. Completion of all fields on this application are mandatory. Insufficient answers or omissions will be sufficient grounds for rejection of this application. **Review the check list on the last page to ensure your application is complete. Print SINGLE SIDED; DO NOT staple.**

<u>OFFICIAL USE ONLY</u>

RENEWAL NOTICE: KRS 321.207 requires each certified animal euthanasia specialist to renew their license 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. When a certificate is expired, credential holders are hereby advised that individuals shall CEASE AND DESIST the practice of the animal euthanasia specialist profession in Kentucky.**

I. Contact Information				
First Name	Middle Name	Last Name		
KY Certificate Number	Current Expiration Date	Birthdate (required)		
U.S. Military Service Indicate Branch:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Military, indicate time frame served:	MM/YYYY – MM/YYYY	
Personal Email Address				
Cell Phone		Home Phone, if different		
Personal Address Type	Street	City	ST	Zip
Mailing Address				
Permanent Home Address, if different				
Name of Employing Registered Animal Control Agency				
Business Email		Business Phone		
Is this Agency new since your last renewal?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", provide dates:	End date for previous Agency:	Start date for new Agency:	

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



II. Background Information

1. List all other jurisdictions in which you are certified / registered / licensed (collectively, “certified”) to practice as an animal euthanasia specialist. If none, check here: N/A

Certificate Type	Jurisdiction / State	Certificate Number	Certificate Status <small>(active, lapsed, revoked, etc.)</small>	Disciplinary action since last renewal? <small>(Y / N)</small>	Dates of Certification <small>MM/DD/YYYY</small>	
					Original Issuance	Expiration
Euthanasia Specialist						
Euthanasia Specialist						

2. Do you hold any other professional licenses in Kentucky or any other state or jurisdiction?
 Yes or No If yes, complete the table below.

License Type	Jurisdiction / State	License Number	License Status <small>(active, lapsed, revoked, etc.)</small>	Disciplinary action since last renewal? <small>(Y / N)</small>	Dates of Licensure <small>MM/DD/YYYY</small>	
					Original Issuance	Expiration

3. Since your last renewal, have you ever had a license denied, suspended, or revoked in any jurisdiction, or have you ever received a reprimand as a result of unethical, immoral, or illegal conduct by any licensure board or agency. Yes or No If yes, explain. Attach supporting documents if necessary.
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4. Since your last renewal, have you been convicted of a felony or misdemeanor other than a minor traffic violation?
 Yes or No If yes, give details including dates, the court(s), reference to the court records, if any, and attach a copy of the disposition on the matter.
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5. 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?
 Yes or No If yes, explain. Attach supporting documents if necessary.
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III. Application Check List

**If the current date is past April 30 of the renewal cycle,
you must apply for reinstatement.
Visit www.kybve.com/forms.html for a copy of the Reinstatement Application.**

- Disciplinary records.** If applicable, complete copies of any and all records of actions or circumstances listed in Section II. If no disciplinary records to disclose, check the box: N/A
- Fee payment.** Check the one box below for the applicant’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 - \$50 - postmarked by March 1.**
 - Late - \$100 - 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 - \$50 - postmarked by April 30.**
 - **Change in Licensure Status,** with completed renewal application submitted -
 - Change to inactive status - \$0 - postmarked by April 30.**
 - Change to active status - \$50 - 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 acknowledge the board may suspend, revoke, or terminate any certificate issued by the board.

Further, I understand I am required to abide by KRS Chapter 321 and 201 KAR Chapter 16. For direct links to the statutes and administrative regulations that shall govern my euthanasia activities, I am aware I can review the materials by visiting the KBVE website at www.kybve.com/practice-act.html.

Signature of Applicant

Date

Signature of Manager

Date

Printed Name of Manager

Title

