



# KENTUCKY BOARD OF VETERINARY EXAMINERS

107 Corporate Drive, Second Floor, Frankfort, Kentucky 40601  
(502) 782-0273 ~ Vet@ky.gov ~ kybve.com

## APPLICATION FOR ANIMAL CONTROL AGENCY RESTRICTED CONTROLLED SUBSTANCE REGISTRATION AUTHORIZATION

This application must be completed by the animal control agency head or person authorized by the agency head in order to be certified as a euthanasia facility pursuant to Chapter 321 of the Kentucky Revised Statutes governing the Kentucky Board of Veterinary Examiners. All questions must be answered and the answers thereto shall be subscribed and sworn to as set forth below:

1. Name of Agency: \_\_\_\_\_
2. Agency Mailing Address: \_\_\_\_\_
3. Street address if mailing address is P.O. Box: \_\_\_\_\_
4. Telephone Number: (     )     -     \_\_\_\_\_ Fax Number: (     )     -     \_\_\_\_\_
5. Name of designated on-site manager of the shelter: \_\_\_\_\_

You are instructed that an application for certification shall not be complete until you have met the following requirements: (1) completion of the Animal Control Agency Certification Application, (2) payment of the \$50.00 fee, (3) inspection of the facility by a Board authorized designee, and (4) proof of registration as a practitioner and designated "animal shelter" on the appropriate DEA form.

I hereby state, under oath, that the statements contained herein are true.

\_\_\_\_\_  
Signature and Title of Agency Head or Designee

\_\_\_\_\_  
Date

**DO NOT WRITE BELOW THIS LINE – FOR BOARD AND OFFICE USE ONLY**

Approved: \_\_\_\_\_  
License Number: \_\_\_\_\_  
Approval Date \_\_\_\_\_

Denied: \_\_\_\_\_