



KENTUCKY BOARD OF VETERINARY EXAMINERS

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OPEN RECORDS REQUEST

1. MAILING INFORMATION

First Name

Last Name

Middle I.

Street Address

City

State

Zip Code

Phone Number

Email Address

Date of Request

Signature

2. REQUEST INFORMATION

In accordance with KRS 61.870 – 61.884, I hereby submit a request for the following document(s):

A. The use of the information is for (check one): Commercial Non-Commercial

B. If commercial, what is the intended use of the information provided by the KBVE? (KRS 61.874(b))

Please be advised that there is a charge of .10 per page.
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