



KENTUCKY BOARD OF VETERINARY EXAMINERS

107 Corporate Drive, Second Floor, Frankfort, KY 40601

Office: 502-782-0273 • Fax: 502-695-5887

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

Request for a New Designated On-site Manager

OFFICIAL USE ONLY

Instructions: This request form shall be completed by the animal control agency who must report a new designated on-site manager or to update the contact information for the designated on-site manager in accordance with 201 KAR 16:550 and 16:572.

Completion of all fields on this application is mandatory. Insufficient answers or omissions will be sufficient grounds for rejection of this request. **Review the check list on the last page to ensure your request is complete. Print SINGLE SIDED; DO NOT staple.**

201 KAR 16:550, Section 1(4)(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.”

I. Agency Contact Information				
Name of Animal Control Agency				
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 Address				
Fiscal Agent Phone Number				
Fiscal Agent Email Address				

Submit Complete Application to:
 Kentucky Board of Veterinary Examiners
 107 Corporate Dr, Second Floor
 Frankfort, Kentucky 40601



II. Agency Designated On-site Manager					
First Name	Middle Name	Last Name			
Date of Birth <small>(required)</small>		Social Security Number <small>(required)</small>			
Address Type	Street	City	ST	Zip	County
Personal Mailing Address					
Cell Phone		Business Phone			
Personal Email Address		Business Email Address			
<p>1. Are you now, or have you ever 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. Have you ever 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>					

III. Application Check List

- Inspection agreement.** Acknowledgment of agreement to **submit to inspection** by a board representative pursuant to 201 KAR 16:550, Section 5.
- Background Check.** Complete and submit the official results of a background check to KBVE for the agency designated on-site manager from a board approved provider. Visit www.kybve.com on the Applications and Forms page and look under the Background Checks heading for more information.
Date Requested: _____ Regulatory Citation: 201 KAR 16:550, Section 2(7).
- Disciplinary records.** If applicable, complete copies of any and all records of actions or circumstances listed in Section II, Question 1. If no disciplinary records to disclose, check the box: N/A

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.

Signature	Date
Printed Name	Title

Submit Complete Application to:
Vet@ky.gov (preferred) or mail to
 Kentucky Board of Veterinary Examiners
 107 Corporate Dr, Second Floor
 Frankfort, Kentucky 40601

