



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

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

OFFICIAL USE ONLY

Instructions: This application must be completed by the animal control agency designated onsite manager in order to have the certification of an animal control agency reinstated 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.**

I. Agency Contact Information				
Name of Animal Control Agency				
Agency Phone Number			Certificate Number	
Agency Website			Date Expired	
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 Onsite Manager†					
First Name		Middle Name		Last Name	
Date of Birth (required)			Social Security Number (required)		
Address Type	Street	City	ST	Zip	County
Personal Mailing Address					
Business Phone			Cell 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>					

†NOTE: The animal control agency is required to notify the Kentucky Board of Veterinary Examiners (KBVE) of any change to the designated onsite manager within ten (10) days, pursuant to 201 KAR 16:550.

III. Agency Veterinary Information		
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*	Certificate Number If not yet Board certified, indicated "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. Has the DEA taken any action against this DEA Registration?
 Yes or No If yes, explain. Attach supporting documents if necessary.

V. Application Check List

- Inspection agreement.** Acknowledgment of agreement to submit to inspection by a Board representative pursuant to 201 KAR 16:550.
- Background Check.** Complete and submit the official results of a background check to KBVE for the agency designated onsite manager from a Board approved provider. Visit www.kybve.com on the Forms page and look under the Background Checks heading for more information.
Date Requested: _____
- 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
- Reinstatement Fee - \$75.** Payable to the **Kentucky State Treasurer**. Checks may be personal, business, cashier’s check, money order, bank draft, etc., in U.S. dollars.

I hereby state that the information contained herein and attached to this application 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 that the animal control facility and all animal euthanasia specialist employees under the facility’s direct supervision, if any, are required to abide by KRS Chapter 321 and 201 KAR Chapter 16. For direct links to the laws and regulations which shall govern the agency’s euthanasia activities, I am aware I can review the materials by visiting the Board’s website at www.kybve.com.

Signature of Designated Onsite Manager

Date

Printed Name of Designated Onsite Manager

Title

