



## KENTUCKY BOARD OF VETERINARY EXAMINERS

107 Corporate Drive, Second Floor, Frankfort, KY 40601

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

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

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

OFFICIAL USE ONLY

**Instructions: ONLINE RENEWAL PREFERRED.** If you are unable to complete the online application, this renewal application must be completed by the animal control agency designated onsite manager in order to have certification renewed for an animal control agency 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.**

**RENEWAL NOTICE:** KRS 321.207 requires each certified animal control agency to renew the certification by March 1 every year. **Failure to renew the certificate shall constitute sufficient cause for termination of the certificate. Certificates not renewed by April 30 of each year (includes 60 day grace period) will terminate and be hereby advised at such time the facility shall CEASE AND DESIST all animal euthanasia until such time as the shelter is recertified,** or unless such actions are conducted by an active Kentucky licensed veterinarian or an active veterinary technician directly supervised by an active Kentucky licensed veterinarian.

I. Agency Contact Information				
Name of Animal Control Agency				
Certificate Number		Current Expiration Date		
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 Phone Number				

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



II. Agency Designated Onsite Manager <sup>†</sup>					
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. 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?  <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, explain. Attach supporting documents if necessary.</p> <p>_____</p>					
<p>2. Since your last renewal, have you 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>					

<sup>†</sup>**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. Since the last renewal, has the DEA taken any action against this DEA Registration?

Yes or  No If yes, explain. Attach supporting documents if necessary.

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**V. Application Check List**

**If the current date is past April 30 of the renewal cycle,  
the agency must apply for reinstatement.  
Visit [www.kybve.com/forms.html](http://www.kybve.com/forms.html) for a copy of the Reinstatement Application.**

- Inspection agreement.** Acknowledgment of agreement to **submit to inspection** by a Board representative pursuant to 201 KAR 16:550.
- Disciplinary records.** If applicable, any and all records of actions listed in response to Section II, Question 1. If no disciplinary records to disclose, check the box:  N/A
- Fee payment.** Check one box below for the certificate holder’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, money order, bank draft, etc., in U.S. dollars. **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 - \$60 - 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 - \$10 - 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 understand that 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 visit the Board’s website at [www.kybve.com](http://www.kybve.com) to download the materials.**

\_\_\_\_\_  
Signature of Agency Designated Onsite Manager

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Date

