



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

Request to Designate a New Agency Onsite Manager

Instructions: This request form must be completed by the animal control agency who must report a new designated onsite manager or to update the contact information for the designated onsite manager in accordance with 201 KAR 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.**

OFFICIAL USE ONLY

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 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>					

III. 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

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 231 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 to download the materials.

Signature of Agency Designated Onsite Manager

Date

Submit Complete Application to:
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107 Corporate Dr, Second Floor
Frankfort, Kentucky 40601

