



## 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:vet@ky.gov)

### Request for Approval of Rabies / Health Clinic

**Instructions:** This form must be completed by an individual or entity seeking approval from the Kentucky Board of Veterinary Examiners to host a rabies and/or health clinic in the Commonwealth of Kentucky when the clinic is to be held in a public space (i.e., not in a veterinary practice establishment). **If submitting printed materials to the Board, print SINGLE SIDED; DO NOT staple.**

OFFICIAL USE ONLY

I. Requestor Contact Information				
First Name	Last Name	Phone Number		
Email Address	Agency Phone			
Name of Sponsoring Entity / Agency / Business				
Entity Address	Street	City	Zip	County
Entity Website				
If not the Requestor, Name of Local Health Dept.				
Health Dept. Phone	Name of Contact at Local Health Dept.			

II. Rabies / Health Clinic Request Information				
Clinic Location	Street	City	Zip	County
Date(s) & Times	Estimated Number of Patients To Be Served			
Description of Offered Clinic Services				
Methods of Advertising				

Submit Complete Form to: [Vet@ky.gov](mailto:Vet@ky.gov) or via post to  
 Kentucky Board of Veterinary Examiners  
 107 Corporate Dr, Second Floor  
 Frankfort, Kentucky 40601



<b>III. Kentucky Licensed Veterinarians Working at Clinic</b>			
<b>List each KY Licensed Veterinarian(s) administering vaccines and services during clinic.</b>			
Attach additional sheets as necessary.			
	First Name	Last Name	Kentucky License Number
1.			
2.			
3.			

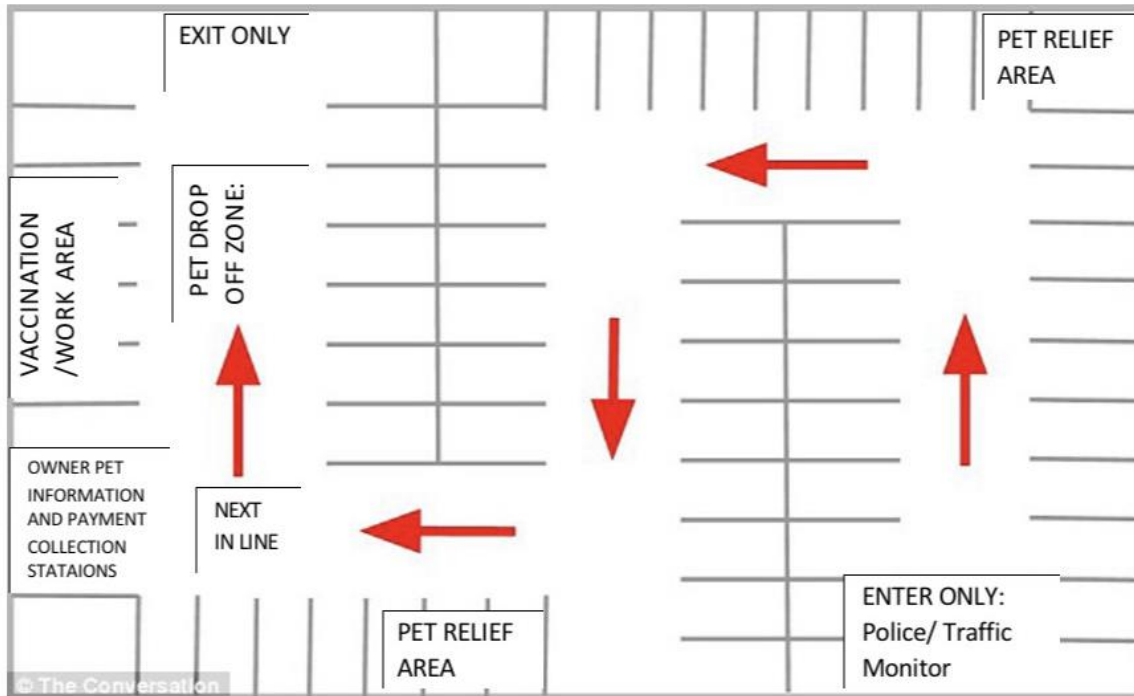
<b>IV. COVID-19 Protocol Considerations</b>	
<b>Provide a description of your protocols for each of the considerations below.</b>	
<b>Crowd Control.</b> This may involve making arrangements with the local Police Dept., providing opportunity for advance registration, etc.	<input type="checkbox"/> <b>Required: Attach map / work flow chart.</b> Sample map / work flow provided on page three.
<b>Social Distancing of 6-ft</b>	
<b>Mask Requirement for Staff and Clients</b>	
<b>Hand Sanitizer / Hand Washing Stations / Gloves for Staff and Clients</b>	
<b>Methods of Accepting Payment / Forms of Payment</b>	

<b>Signature of Requestor</b>		<b>Date</b>	
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<b>BOARD USE ONLY</b>			
<b>Reviewer Initials</b>		<b>Date</b>	
<b>Determination</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Approved with Modifications (See comments below) <input type="checkbox"/> Not approved (See comments below)		
<b>Comments</b>			



**V. Sample Map**



SAMPLE MAP OF LOCATION LAYOUT/FLOW:

OWNER WILL STAY IN VEHICLE, FOLLOWING ONE-WAY TRAFFIC MARKERS TO NEXT IN LINE WAITING AREA. STAFF MEMBER WILL COLLECT NEEDED INFORMATION AND PAYMENT FROM OWNER. VEHICLE WILL THEN PROCEED TO DROP OFF AREA AS DIRECTED. STAFF MEMBER WILL RETRIEVE PET FROM VEHICLE. DVM WILL COMPLETE THE VACCINATIONS AS REQUESTED BY OWNER. STAFF MEMBER WILL RETURN PET TO OWNER. VEHICLE WILL THEN PROCEED TO EXIT AS DIRECTLY.

- ALL AREA AND ZONES WILL BE CLEARING MARKED WITH SIGN/CONES/ STAFF MEMBERS, AND TRAFFIC TAPE.