

Andy Beshear
Governor



John C. Park, DVM
Board Chairman

KENTUCKY BOARD OF VETERINARY EXAMINERS

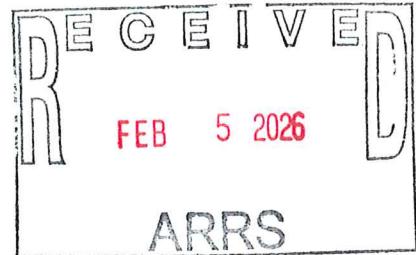
4047 Iron Works Parkway, Suite 104, Lexington, KY 40511

Office: 502-564-5433 • Fax: 502-573-1458

kbve.ky.gov • vet@ky.gov

February 5, 2026

Senator Stephen West, Co-Chair
Representative Derek Lewis, Co-Chair
c/o Ange Darnell, Regulation Compiler
Legislative Research Commission 083, Capitol Annex
702 Capitol Avenue
Frankfort, Kentucky 40601



RE: 201 KAR 16:730. Approved allied animal health professional (AAHP) programs; education requirements.

Dear Co-Chairs West and Lewis,

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 201 KAR 16:730, the Kentucky Board of Veterinary Examiners proposes the attached amendment to 201 KAR 16:730.

Sincerely,

A handwritten signature in blue ink, appearing to read "Michelle M. Shane".

Michelle M. Shane, Executive Director
Kentucky Board of Veterinary Examiners
4047 Iron Works Parkway, Suite 104
Lexington, Kentucky 40511



SUGGESTED SUBSTITUTE

BOARDS AND COMMISSIONS
Board of Veterinary Examiners

201 KAR 16:730. Approved allied animal health professional (AAHP) programs; education requirements.

RELATES TO: KRS 321.175, 321.181~~(1)-(4)~~, 321.235, 321.251, 321.255

STATUTORY AUTHORITY: KRS ~~321.175(2)(c), (4), (5),~~ 321.181(1)-(4), 321.235(1)(a)-(c), (2)(b)2, 321.251, 321.253

CERTIFICATION STATEMENT: This certifies that this administrative regulation complies with the requirements of 2025 RS HB 6, Section 8.

NECESSITY, FUNCTION, AND CONFORMITY: KRS 321.175(4) states the purpose of the Kentucky Veterinary Medicine Practice Act is to promote, preserve, and protect the public health, safety, and welfare by and through, in part, setting appropriate education requirements for allied animal health professional(AAHP) providers. KRS 321.235(1)(b) requires the board to promulgate administrative regulations to implement and enforce KRS Chapter 321. KRS 321.235(2)(b)2. authorizes the board to promulgate administrative regulations ~~[to limit the scope of practice of allied animal health professional (AAHP) work on animals and]~~to require an AAHP applicant to successfully complete~~[have received]~~ training from an approved allied animal health professional program in order to qualify for a license~~[permit]~~ from the board. This administrative regulation establishes ~~[an allied animal health professional's allowable scope of work on animals and]~~the allied animal health professional educational programs approved by the board.

Section 1. Definitions.

(1) "Allied animal health professional" or "AAHP" is defined by KRS 321.181(1).

(2) "Approved allied animal health professional program" is defined by KRS 321.181(10)~~[KRS 321.181(9)]~~.

Section 2. Education Requirements.

(1) To be considered for approval by the board, as one (1) component of the Application for an Allied Animal Health Professional (AAHP) Provider License Form, as incorporated by reference in 201 KAR 16:732, an applicant for an AAHP license~~[permit]~~ shall meet and show proof of the requirements as established in subsections (2) and (3) of this section.

(2)~~(1)~~ For an AAHP animal chiropractic provider (ACP) license:

~~(a)~~~~[permit]~~ Holding current licensure in good standing from the Kentucky Board of Chiropractic Examiners; and

~~(b)~~~~(2)~~ Maintaining a current certificate in good standing with an approved allied animal health professional program designated in Section 3 of this administrative regulation.

(3)~~(2)~~ For an AAHP equine dental provider (EDP) license:

~~(a)~~ Certification from an International Association of Equine Dentistry (IAED) EPD educational program that held full or limited approval by the IAED on the date when the applicant completed the educational program; and

~~(b)~~ A current certificate of good standing, and not solely membership, with an approved allied animal health professional program designated in Section 3 of this administrative regulation.

Section 3. Approved allied animal health professional programs.

(1) For ACP programs, the~~[The]~~ board approves the allied animal health professional programs ~~[for animal chiropractic practice]~~on animals from the:

~~(a)~~~~(1)~~ American Veterinary Chiropractic Association (AVCA);

~~(b)~~~~(2)~~ International Veterinary Chiropractic Association (IVCA); or

(c) An approved program of the AVCA or IVCA.

(2) For EDP programs, the board approves the allied animal health professional programs on animals from the:

(a) International Association of Equine Dentistry (IAED) approved academic institutions as listed on the association's publicly available website available at <https://www.iaedonline.com/education/>; or

(b) A similar professional organization with standards meeting or exceeding those of other board-approved organizations, as determined by the board through the completion of a Request for Continuing Education Course Approval form as incorporated by reference in 201 KAR 16:516, Section 7, and with subsequent approval by the board.

Section 4. Continuing education required. As one (1) part of the requirements for an allied animal health professional license[permit] to be granted and renewed, the AAHP provider shall provide proof that the degree or certificate obtained from the approved allied animal health professional program is in an active or current status with:

(1)

(a) The professional licensing board as required in Section 2(2)(a)(1) of this administrative regulation, if applicable to the credential holder and required by the board; and

(b) The approved allied animal health professional program certifying entity identified in Section 3 of this administrative regulation.

(2) At the time of application, the AAHP licensee[permittee] shall show proof satisfactory to the board that all continuing education requirements for these credentials have been met and are current in accordance with 201 KAR 16:735, Section 2.

CONTACT PERSON: Michelle M. Shane, KBVE Executive Director, 4047 Iron Works Parkway, Suite 104, Lexington, Kentucky 40511, phone 502-564-5433, fax 502-573-1458, email Michelle.Shane@ky.gov.

Andy Beshear
Governor



John C. Park, DVM
Board Chairman

KENTUCKY BOARD OF VETERINARY EXAMINERS

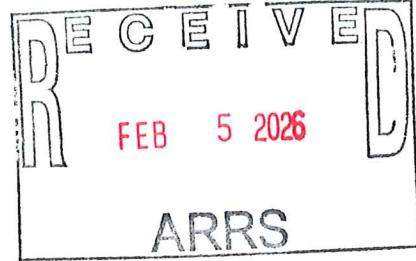
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Legislative Research Commission 083, Capitol Annex
702 Capitol Avenue
Frankfort, Kentucky 40601



RE: 201 KAR 16:735. Renewal requirements for AAHP licenses[permits] -- renewal notice -- expiration.

Dear Co-Chairs West and Lewis,

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 201 KAR 16:735, the Kentucky Board of Veterinary Examiners proposes the attached amendment to 201 KAR 16:735.

Sincerely,

A handwritten signature in blue ink that reads "Michelle M. Shane".
Michelle M. Shane, Executive Director
Kentucky Board of Veterinary Examiners
4047 Iron Works Parkway, Suite 104
Lexington, Kentucky 40511



SUGGESTED SUBSTITUTE

BOARDS AND COMMISSIONS Board of Veterinary Examiners

201 KAR 16:735. Renewal requirements for AAHP licenses[permits] -- renewal notice -- expiration.

RELATES TO: KRS 321.175, 321.181~~(1)-(4)~~, 321.235, 321.251, 321.255

STATUTORY AUTHORITY: KRS ~~321.175(2)(c), (4), (5),~~ 321.181(1)-(4), 321.235(1)(a)-(c), (2)(b)1, 321.251(4), 321.253

CERTIFICATION STATEMENT: This certifies that this administrative regulation complies with the requirements of 2025 RS HB 6, Section 8.

NECESSITY, FUNCTION, AND CONFORMITY: *[KRS 321.175(4) states the purpose of the Kentucky Veterinary Medicine Practice Act is to promote, preserve, and protect the public health, safety, and welfare by and through, in part, setting application requirements for allied animal health professional(AAHP) providers to establish requirements for the renewal of AAHP licensure.]* KRS 321.235(1)(b) requires the board to promulgate administrative regulations to implement and enforce KRS Chapter 321. KRS 321.235(1)(a)-(c) requires the board to promulgate administrative regulations to evaluate the qualifications of applicants for an allied animal health professional (AAHP) license[permit]. KRS 321.235(2)(b)1. authorizes the board to require an AAHP licensee[permittee] to obtain appropriate continuing education to ensure continued competency. This administrative regulation establishes renewal requirements, renewal notification procedures for AAHP licensees[permittees] of the board, and required continuing education for AAHP licensees[permittees].

Section 1. Renewal Notices and Timeliness of Renewal Applications.

- (1) The board shall, not later than August 31 of each year, email or mail to each licensed[permitted] allied animal health professional a renewal notice.
- (2) The Renewal Application for AAHP Licenses[Permits] shall be completed by the licensee[permittee] and returned to the board, including all required attachments, fees as required by 201 KAR 16:513, and, if required by the board, proof of course completion for the required continuing education.
- (3) Timely receipt of renewal application.
 - (a) Renewals bearing a postmark, or, if an online renewal, a timestamp, of September 30 or earlier shall be considered received on time.
 - (b) Renewals bearing a postmark, or, if an online renewal, a timestamp, between October 1 and November 30 shall be considered late and therefore incur a late fee pursuant to 201 KAR 16:513.
- (4) The renewal fee, as established in 201 KAR 16:513, shall be attached to the completed Renewal Application for AAHP Licenses[Permits] form when it is returned to the board or paid online.

Section 2. Continuing Education (CE) Required.

- (1) Each AAHP licensee[permittee] shall list their continuing education hours received on the Renewal Application for AAHP Licenses[Permits] form or online equivalent form, including all required attachments, and if required, proof of attendance or completion of training to the board.
 - (a) For AAHP animal chiropractic providers (ACPs), licensees[permittees] shall show proof of CE for a minimum of six (6) clinical hours annually from:
 1. An[an] approved program of the:
 - a. American Veterinary Chiropractic Association (AVCA); or
 - b. International Veterinary Chiropractic Association (IVCA); or
 2. Animal chiropractic focused CE from one (1) or more of the following organizations:
 - a. American Veterinary Medical Association (AVMA) or its affiliate organizations as listed on the AVMA website available at <https://www.avma.org/about/state-and-allied-groups>;
 - b. American Association of Veterinary State Boards (AAVSB) Registry of Approved Continuing Education (RACE); or

c. A board-approved CE program.

(b) For AAHP Equine Dental Providers (EDPs), licensees shall show proof of CE for a minimum of six (6) clinical hours annually from:

1. The International Association of Equine Dentistry (IAED) annual conference; or
2. Equine dental focused CE from one (1) or more of the following organizations:
 - a. American Veterinary Medical Association (AVMA) or its affiliate organizations as listed on the AVMA website available at https://www.avma.org/about/state-and-allied-groups;
 - b. Veterinary Dental Forum;
 - c. American Association of Equine Providers (AAEP);
 - d. American Association of Veterinary State Boards (AAVS) Registry of Approved Continuing Education (RACE); or
3. A board-approved CE program.

[[(b)] [For legacy pathway AAHP ACPs, permittees shall show proof of CE for a minimum of six (6) clinical hours annually from an approved program of the AVCA, IVCA, or a board-approved CE program.]

(2) AAHP CE hours shall be clinical in a topic specifically related to the area of practice for which they hold a license. Additional CE hours in practice management, wellness, or other topics may be earned, but shall not count toward the CE requirement for renewal or reinstatement of the AAHP license.

(3) CE Format. An AAHP licensee[licensees] shall earn:

- (a) A minimum of three (3) of the required six (6) hours CE for AAHP providers that is[shall be] earned in person; and[.]
- (b) No more than three (3) of the required six (6) CE hours in an online format that is pre-recorded or non-interactive.

(4) All CE earned shall be new continuing education. An AAHP licensee shall not apply CE earned in a prior renewal period, or earned and applied for licensure reinstatement toward renewal of their license in the current renewal cycle.[Continuing education hours applied toward a reinstatement application shall not be eligible for credit on the renewal application.]

(5)[(3)] Continuing education shall be earned from October 1 of each renewal period until September 30 at the end of the period, or until November 30 at the end of the grace period with the addition of a late fee in accordance with 201 KAR 16:513.

(6) Continuing education hours earned during the grace period of a renewal cycle shall not be eligible for credit on [the] subsequent renewal applications[application].

(7)[(4)] The board shall not renew the licensee[permit] of any person who fails to appropriately document the required hours of continuing education.

(8) Continuing education requirements shall be waived for a new licensee completing their initial term of licensure who has also achieved board-approved certification within twelve (12) months of initial licensure.

Section 3. The board shall not be held responsible or liable for lost renewal notices, or renewal notices not received, or not received on time.

- (1) Regardless of cause, the board shall not be required to refund money to a licensee[permit holder] who fails to renew in a timely manner pursuant to Section 1(3)(4) of this administrative regulation.
- (2) Failure to renew by the grace period deadline and in compliance with all requirements of the board shall cause the licensee[permit] to move to expired status. The licensee[permit holder] shall no longer be eligible to practice as an allied animal health professional in Kentucky.
- (3) The former licensee[permit holder] may apply for reinstatement of the licensee[permit] within five (5) years from the date of expiration in accordance with 201 KAR 16:732. A Reinstatement Application for Registered AAHP Facilities, as incorporated by reference in 201 KAR 16:775, shall be required during this period; an Application for AAHP Facility Registration, as incorporated by reference in 201 KAR 16:772, for a new license shall not be accepted until five (5) years after the last date of expiration.

Section 4. Duty to Report. Each AAHP licensee[permit holder] shall maintain on file with the board their:

- (1) Legal[File their legal] name[with the board];

- (2) Legal[File their legal] residential address[with the board];
- (3) Legitimate[File their legitimate] mailing address[with the board]. The mailing address shall be subject to public disclosure;
- (4) Current[File their current] employer[with the board];
- (5) Current[File a current] email address and phone number[with the board]; and
- (6) Within thirty (30) days, notify the board of any changes to their name or addresses or email address by submitting a completed Request for Name or Address Change form, incorporated by reference in 201 KAR 16:570 or online equivalent form.

Section 5. Incorporation by Reference.

- (1) "Renewal Application for AAHP Licenses[Permits]", 11/8/2025[2/2025], is incorporated by reference.
- (2) This material may be inspected, copied, or obtained, subjected to applicable copyright law, at the Kentucky Board of Veterinary Examiners, 4047 Iron Works Parkway, Suite 104, Kentucky 40511, Monday through Friday, 8:30 a.m. to 4:30 p.m. This material may also be obtained at kbve.ky.gov.

CONTACT PERSON: Michelle M. Shane, KBVE Executive Director, 4047 Iron Works Parkway, Suite 104, Lexington, Kentucky 40511, phone 502-564-5433, fax 502-573-1458, email Michelle.Shane@ky.gov.

MATERIAL INCORPORATED BY REFERENCE

At the time that the agency files this staff suggested amendment it needs to file one (1) updated copy of:

The Renewal Application for AAHP Licenses

- With an updated 11/2025 edition date on each page
- Page 1 – Under Contact Information change "Current Date of Expiration for AAHP Permit" to "Current Date of Expiration for AAHP License"



KENTUCKY BOARD OF VETERINARY EXAMINERS

4047 Iron Works Parkway, Suite 104, Lexington, KY 40511

Office: 502-564-5433 • Fax: 502-573-1458

kbve.ky.gov • vet@ky.gov

Renewal Application for AAHP Licenses

Instructions: This application must be completed by the individual seeking to have their allied animal health professional (AAHP) license renewed in Kentucky pursuant to KRS Chapter 321. Completion of all fields on this application are mandatory. Insufficient answers or omissions of data requested shall be sufficient grounds for rejection of this application. **Review the check list in the back of the application to ensure the submission is complete. Be sure to print SINGLE SIDED; DO NOT staple.**

OFFICIAL USE ONLY

I. Contact Information

First Name	Middle Name	Last Name			
Date of Birth (required) Format: MM/DD/YYYY	Gender (check one)	KY License Number			
	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Other / Self-described <input type="checkbox"/> Decline Disclosure				
U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Number (Required for U.S. Citizens)	Current Date of Expiration for AAHP License			
U.S. Military Service Indicate Branch:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Military, indicate time frame served:		MM/YYYY – MM/YYYY	
Personal Email Address					
Cell Phone		Home Phone, if different			
Personal Address Type	Street	City	ST	Zip	Country
Mailing Address					
Permanent Home Address, if different					
Business Name or Employer Name					
Business Address					
Business Phone		Business Email Address			
Business Website					

Submit Complete Application to:
Kentucky Board of Veterinary Examiners
4047 Iron Works Parkway, Suite 104
Lexington, Kentucky 40511



II. Background Information

1. List all other jurisdictions in which you hold or have ever held a license/permit/registration (collectively, "license") to practice on animals. If none, check: N/A

License Type (ACP, EDP, etc.)	Jurisdiction / State	License Number	License Status (active, lapsed, revoked, etc.)	Disciplinary action on license? (Y / N)	Dates of Licensure MM/DD/YYYY	
					Issued	Expiration

*If you have more jurisdictions to list, attach a separate sheet to the application.

2. Do you hold any other professional (non-animal practice) licenses in Kentucky or any other state or jurisdiction? Yes or No If yes, complete the table below.

License Type	Jurisdiction / State	License Number	License Status	Disciplinary action on license? (Y / N)	Dates of Licensure MM/DD/YYYY	
					Original Issuance	Expiration

3. Since your last renewal, have you had your license(s) to practice revoked, suspended, restricted, or denied in any jurisdiction, been placed on probation, or entered into a voluntary surrender of your license? Yes No

4. Since your last renewal, has any disciplinary action been taken against a professional license held by you, in this or any other jurisdiction? Yes No

5. Since your last renewal, have you been denied the right to take a professional licensing examination? Yes No

6. Since your last renewal, have you been refused a license or the renewal thereof in any jurisdiction? Yes No

7. Since your last renewal, are you now or have you been a defendant in civil litigation in which the basis of the complaint against you was an alleged negligence, malpractice, or lack of professional competence? Yes No

8. Is there currently a complaint against any professional license you hold pending in any jurisdiction? Yes No

9. Since your last renewal, have you been convicted of a felony or misdemeanor other than a minor traffic violation (e.g., speeding ticket, parking ticket, etc.)? Yes No
(KRS 321.181(28))

Submit Complete Application to:
Kentucky Board of Veterinary Examiners
4047 Iron Works Parkway, Suite 104
Lexington, Kentucky 40511



10. 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? Yes No

11. If you answered "yes" to any question in Section II: Background information, complete the table below and, if applicable, submit formal documentation of final orders/outcomes. Attach additional pages as necessary.

State	Date(s)	Charge and Circumstances	Number of Attachment(s)

III. Experience

12. Indicate the AAHP provider scope for which you are applying:

Animal Chiropractor Provider (ACP)
 Equine Dental Provider (EDP)

13. Indicate your species areas of practice. Select all that apply, and provide percentage of your time. Total percentage for all categories should equal 100%.

Companion / Small Animal ____% Food Animal ____% Equine ____%
 Other, specify type(s): _____, ____%; _____, ____%; _____, ____%

IV. Continuing Education

14. In the table below, list continuing education (CE) completed in the last 12 months immediately preceding the date of this application. Six (6) clinical hours are required, with at least three (3) hours earned in-person. 201 KAR 16: 735, Section 2(3).

CE Course Title†	Course Provider	Date(s) of CE MM/DD/YYYY	Number Hours	Indicate CE Approver: AVCA, IVCA, IAED, AVMA, RACE, or Board Approved
Total Hours				

† If you have more CEs to list, attach a separate page to the application.

NOTE: If selecting **Inactive Status**, CE requirements are waived. Check box if: Inactive Status

Submit Complete Application to:

Kentucky Board of Veterinary Examiners
 4047 Iron Works Parkway, Suite 104
 Lexington, Kentucky 40511



V. Application Check List

If the current date is past November 30 of the renewal cycle,
you must apply for reinstatement.

Visit <https://kbve.ky.gov/forms-verification> for a copy of the Reinstatement Application.

- Disciplinary records.** If applicable, complete copies of any and all records of actions or circumstances listed in Section II: Background Information. If no disciplinary records to disclose, check: N/A
- Proof of Continuing Education.** Only if audited, copies (not originals) of all CE certificates of completion being applied to renewal this cycle, matching those courses listed in Section IV. If originals are submitted, they will not be returned. N/A
- Fee payment.** Check one box below as appropriate for the licensee's situation; all fees pursuant to 201 KAR 16:513. Payments should be made payable to the **Kentucky State Treasurer**. Checks must be in U.S. dollars and may be personal, business, cashier's check, money order, etc. Do not send cash. There are no exceptions to the deadlines listed below.
 - **Renewal fee for active status**, with completed renewal application submitted -
 - On time - \$150 - postmarked by September 30.
 - Late - \$450 - postmarked by November 30.
 - **Renewal fee for first time – initially licensed within 120 days prior to the end of the renewal period – active status** - with completed renewal application submitted -
 - On time - \$0 - postmarked by September 30.
 - Late - \$300 - postmarked by November 30.
 - **Renewal fee for inactive status**, with completed renewal application submitted -
 - Inactive status, on time - \$50 - postmarked by September 30.
 - Inactive status, late - \$150 - postmarked by November 30.

BE ADVISED: NO ONE IS ALLOWED TO PRACTICE AS AN AAHP PROVIDER IN THE COMMONWEALTH OF KENTUCKY WITHOUT HOLDING AN AAHP LICENSE FROM THE KENTUCKY BOARD OF VETERINARY EXAMINERS.

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, then I acknowledge KBVE may suspend, revoke, or terminate any license issued by the board.

Further, I understand I am required to abide by KRS Chapter 321 and 201 KAR Chapter 16. For direct links to the laws and regulations that govern my professional activities, I am aware I can review the materials by visiting the KBVE website at <https://kbve.ky.gov/Pages/practice-act.aspx>.

Signature of Applicant

Date

Submit Complete Application to:
Kentucky Board of Veterinary Examiners
4047 Iron Works Parkway, Suite 104
Lexington, Kentucky 40511



Andy Beshear
Governor



John C. Park, DVM
Board Chairman

KENTUCKY BOARD OF VETERINARY EXAMINERS

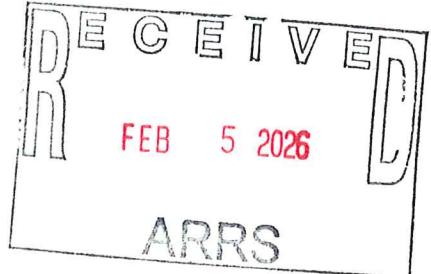
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Senator Stephen West, Co-Chair
Representative Derek Lewis, Co-Chair
c/o Ange Darnell, Regulation Compiler
Legislative Research Commission 083, Capitol Annex
702 Capitol Avenue
Frankfort, Kentucky 40601



RE: 201 KAR 16:772. Application requirements for AAHP facility registration; AAHP managers; Registered responsible parties.

Dear Co-Chairs West and Lewis,

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 201 KAR 16:772, the Kentucky Board of Veterinary Examiners proposes the attached amendment to 201 KAR 16:772.

Sincerely,

A handwritten signature in blue ink, appearing to read "M. Shane".
Michelle M. Shane, Executive Director
Kentucky Board of Veterinary Examiners
4047 Iron Works Parkway, Suite 104
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SUGGESTED SUBSTITUTE

BOARDS AND COMMISSIONS
Kentucky Board of Veterinary Examiners

201 KAR 16:772. Application requirements for AAHP facility registration; AAHP managers; Registered responsible parties.

RELATES TO: KRS 321.175, 321.181~~(1)-(4)~~, 321.189, 321.203, 321.205, 321.235, 321.253, 321.255
STATUTORY AUTHORITY: KRS ~~321.175(2)(c), (4), (5),~~ 321.181(1)-(4), 321.203, 321.205, 321.235(1)(a)-(c) and (2)(b)2., 321.236

CERTIFICATION STATEMENT: This certifies that this administrative regulation complies with the requirements of 2025 RS HB 6, Section 8.

NECESSITY, FUNCTION, AND CONFORMITY: I KRS 321.175(4) states the purpose of the Kentucky Veterinary Medicine Practice Act is to promote, preserve, and protect the public health, safety, and welfare by and through, in part, the registration and regulation of AAHP facilities and mobile facilities where and from which AAHP services are provided. KRS 321.235(1)(b) requires the board to promulgate administrative regulations to implement and enforce KRS Chapter 321. KRS 321.235(2)(b)2. authorizes the board to promulgate administrative regulations to establish conditions for applications and licensing~~permitting~~ of allied animal health professional (AAHP) facilities. This administrative regulation establishes application requirements for AAHP facilities, registered responsible parties at AAHP facilities, and AAHP managers, and includes the minimum requirements for operation as a registered AAHP facility.

Section 1. Definitions.

(1) "Dedicated AAHP Services Space" or "DASS" is defined as a clearly distinct, purpose-built area that is physically and operationally separate from non-AAHP provider spaces and retail shopping areas, and that is designed to support the safe, private, and professional delivery of AAHP services while maintaining compliance with applicable regulations and ensuring client and patient comfort and preventing harm to the public.

(2)~~(1)~~ "Allied animal health professional" or "AAHP" is defined by KRS 321.181(1).

(2)~~(3)~~ "Allied animal health professional facility" or "AAHP facility" is defined by KRS 321.181(2).

(3) "Dedicated AAHP Services Space" or "DASS" means a clearly distinct, purpose-built area that is physically and operationally separate from non-AAHP provider spaces and retail shopping areas, and that is designed to support the safe, private, and professional delivery of AAHP services while maintaining compliance with applicable administrative regulations, ensuring client and patient comfort, and preventing harm to the public.

(4)~~(3)~~ "Fixed facility" is defined by KRS 321.181(40)~~[KRS 321.181(38)]~~.

(5)~~(4)~~ "Mobile facility" or "mobile unit" is defined by KRS 321.181(48)~~[KRS 321.181(46)]~~.

(6)~~(5)~~ "Registered responsible party" is defined by KRS 321.181(59)~~[KRS 321.181(57)]~~.

Section 2. General Requirements. Each AAHP facility located in Kentucky at which an AAHP licensee~~permittee~~ practices on animal patients shall possess an AAHP facility registration issued by the Kentucky Board of Veterinary Examiners, unless the AAHP licensee~~permittee~~ is practicing at a registered veterinary facility.

(1) An AAHP facility registration shall not be issued without a physical facility, either a fixed facility or mobile facility.

(2) An AAHP facility shall contain a dedicated space equipped for, staffed for, and primarily devoted to the provision~~practice~~ of the allied animal health professional services~~profession~~ on animal patients.

(3) Premises primarily devoted to activities other than AAHP services, and which also~~of that still~~ offer AAHP services to the public at a fixed facility shall be registered as an AAHP facility and shall comply with paragraphs (a) through (e) of this subsection~~[subject to the following requirements:]~~

- (a) The Dedicated AAHP Services Space (DASS) shall be physically and operationally distinct from areas of other use.~~1;~~
- (b) The DASS shall be confined and enclosed with walls, floor to ceiling so that, at a minimum, patients are fully contained and separated from persons who are not AAHP personnel or an owner or owner's agent.~~1;~~
- (c) The DASS shall exclude individuals who are not AAHP personnel or an owner or owner's agent.~~1;~~
- (d) To ensure public and patient safety, the provision of AAHP services in a DASS shall be physically separate from other retail activity and public services offered.~~1; and~~
- (e) AAHP facilities registered under this subsection ~~may be inspected~~shall be subject to inspection by the board to verify compliance with the provisions of this subsection to ensure both public and patient safety.

(4)[(3)] A mobile facility shall be registered as an affiliate unit on a fixed facility registration, or independently under a unique AAHP facility registration with a designated physical location for parking and storage.

(5)[(4)] A registered facility shall have no more than two (2) mobile units under its registration without incurring additional registration and renewal fees as established in 201 KAR 16:517.

(6)[(5)] Registration Documentation.

- (a) A ~~fixed~~ registered AAHP facility shall prominently display the current registration certificate in a public area of the registered facility.~~[The registration certificate shall:]~~
- (b) A mobile unit registered AAHP facility shall retain within the mobile unit the current registration certificate which ~~shall be presented~~may be produced upon demand.
- (c) The registration certificate shall:
 - 1.~~(a)~~ Be legible; and
 - 2.~~(b)~~ Show the current dates of registration.

Section 3. Exemptions from Requirements for AAHP Facility Registration. The following premises shall be exempt from the requirements of this administrative regulation:

- (1) Premises identified in KRS 321.181(2)(c);
- (2) An expert who provides consulting services only to ~~other~~ veterinarians or ~~other~~ AAHP licensees~~permittees~~, who does not engage in practice on a patient directly, and who does not have a regular physical facility where the ~~expert~~consultant practices on animal patients; and
- (3) ~~Rental vehicles or vehicles used on a temporary basis while a registered mobile unit is not operational.~~[An AAHP Permittee who utilizes their personal vehicle for transport provided the equipment for AAHP services being transported is limited to an aide for height. Transportation of any other equipment for services or pharmaceuticals shall trigger the requirement for registration of the vehicle as an AAHP facility or mobile unit.]

Section 4. Registered Responsible Party.

- (1) Each Application for ~~an~~-AAHP Facility Registration shall name the facility and identify each registered responsible party.
- (2) Pursuant to KRS 321.236(5), each registered responsible party shall be accountable for ensuring the requirements of KRS Chapter 321 and 201 KAR Chapter 16 are met, including the timely designation of an allied animal health professional manager for the facility, in accordance with 201 KAR 16:737.
- (3) If it is determined that a registered responsible party has violated any provisions of KRS Chapter 321~~[the Kentucky Veterinary Medicine Practice Act]~~ or 201 KAR Chapter 16, the board may take disciplinary action equal to that for a licensed veterinarian as provided by KRS Chapter 321~~[the Kentucky Veterinary Medicine Practice Act]~~.

Section 5. AAHP Manager.

- (1) Each Application for ~~an~~-AAHP Facility Registration shall name the facility and designate an AAHP manager. The application shall include the AAHP manager's original signature, or, if completed online, an equivalent digital signature.

(2) An AAHP manager shall be primarily responsible for meeting the requirements of KRS Chapter 321 and 201 KAR Chapter 16, including ensuring that minimum standards are met and maintained.

Section 6. New Application Requirements. A new application to the board for registration as an/a AAHP facility shall include the following components:

- (1) A completed application on an Application for AAHP Facility Registration form or online equivalent form, including all required attachments and fees pursuant to 201 KAR 16:517;
- (2) A complete list of persons or entities who shall be the registered responsible party;
- (3) Identification of the AAHP manager;
- (4) Identification of the legal business name and the doing-business-as (D.B.A.) name of the facility;
- (5) Identification of the phone, address, and email address of the registered facility;
- (6)[(4)] A copy of the business registration from the Kentucky Secretary of State, county registration, or similar business registration, if one (1) exists;
- (7)[(5)] Identification of the type of AAHP facility from one (1) or more in a list provided by the board;
- (8)[(6)] Identification of the species served from one (1) or more in a list provided by the board;
- (9)[(7)] Identification of the patient services offered at the AAHP facility from one (1) or more in a list provided by the board;
- (10)[(8)] A complete list of AAHP licensees[permittees] working at the facility;
- (11)[(9)] A complete list of all mobile units being registered under the[affiliated with the] AAHP facility;
- (12)[(10)] Disclosure of afterhours care arrangements;
- (13)[(11)] For fixed facilities, county of location and counties served;
- (14)[(12)] For mobile units, a list of the counties served by the mobile unit;
- (15)[(13)] Hours of facility operation; and
- (16)[(14)] A copy of any court documents, final orders, settlement agreements, or other documents requested by the board in support of the application.

Section 7. Background Checks. Pursuant to KRS 321.189, the board may:

- (1) Conduct a national or jurisdictional level background check on each AAHP license[permit] applicant. The check shall be processed by a board-approved/~~board approved~~ background check provider and may include a copy of the applicant's fingerprints captured at a board-approved location;
- (2) Reject background checks that do not have an official seal or watermark[,] or that are more than ninety (90) days old;
- (3) Impose additional requirements as a condition of registration or deny the application following the board's review of findings from a background check; and
- (4) Waive the background check requirement for an AAHP manager who is already licensed[permitted] in Kentucky and if a background check was previously conducted as a condition of licensure[permitting].

Section 8. Renewal and Reinstatement of AAHP Facility Registrations. Pursuant to 201 KAR 16:775, a registered responsible party or AAHP manager shall:

- (1) Ensure the timely renewal of the AAHP facility registration; and
- (2) If applicable, ensure an appropriate reinstatement application is made to the board.

Section 9. Incorporation by Reference.

- (1) "Application for AAHP Facility Registration", 11/2025/8/2025[2/2025], is incorporated by reference.
- (2) This material may be inspected, copied, or obtained, subjected to applicable copyright law, at the Kentucky Board of Veterinary Examiners, 4047 Iron Works Parkway, Suite 104, Lexington, Kentucky 40511, Monday through Friday, 8:30 a.m. to 4:30 p.m. This material may also be obtained at kbve.ky.gov.

CONTACT PERSON: Michelle M. Shane, KBVE Executive Director, 4047 Iron Works Parkway, Suite 104, Lexington, Kentucky 40511, Phone 502-564-5433, Fax 502-573-1458, Michelle.Shaney@ky.gov.

MATERIAL INCORPORATED BY REFERENCE

At the time that the agency files this staff suggested amendment, it needs to file one (1) clean copy of an updated "Application for AAHP Facility Registration" that:

- Includes an updated edition date of 11/2025 on each page
- Update the VI Application Checklist to put back in the references to on or before June 30, 2025 and after June 30, 2025 for consistency with KRS 321.236(2) and (3).
- Page 1 – Change under Definition for "AAHP manager", to read: "at least one (1) board-licensed", and change the semicolon to a period at the end of the definition.
- Under I. AAHP Facility Contact Information, change "Physical Premise" address to "Physical Premises" address
- Page 5 – V. Operational Information Question 5 – Change "premise" to "premises"



KENTUCKY BOARD OF VETERINARY EXAMINERS

4047 Iron Works Parkway, Suite 104, Lexington, KY 40511

Office: 502-564-5433 • Fax: 502-573-1458

kbve.ky.gov • vet@ky.gov

Application for AAHP Facility Registration

Instructions: This application shall be completed by a registered responsible party or AAHP manager in order to apply for an AAHP facility registration in Kentucky pursuant to KRS Chapter 321 and 201 KAR Chapter 16. 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.**

KRS 321.181(59) states, “‘Registered responsible party’ means at least one (1) person who: (a) ... is designated as the registered responsible party on a facility registration and is responsible for its operation and management in conjunction with the veterinarian manager or allied animal health professional manager; and (b)... At a minimum, the registered party shall include all persons, owners, and corporate owners of the registered veterinary facility or allied animal health professional facility”.

KRS 321.181(3) states, “‘AAHP manager’ means at least one (1) board-licensed AAHP who registers to assume responsibility for the registration, management, and operation of a registered allied animal health professional facility”.

OFFICIAL USE ONLY

I. AAHP Facility Contact Information

Registered Name of AAHP Facility / Business

Doing-Business-As (D.B.A) Name of AAHP Facility / Business

Facility Website

Facility Phone Number

Facility Email Address

<u>Primary Facility Type</u>	<input type="checkbox"/> Fixed Facility <input type="checkbox"/> Mobile Unit	If one (1) or more additional mobile units being registered with this facility, indicate quantity:	_____
------------------------------	---	--	-------

Address Type	Street	City	Zip	County
--------------	--------	------	-----	--------

Mailing Address				
-----------------	--	--	--	--

Physical Premises Address (If primary mobile unit, parking address)				
--	--	--	--	--

REQUIRED ATTACHMENT	<input type="checkbox"/> Secretary of State Business Registration or annual report, county registration, or similar business registration, if one exists			
---------------------	--	--	--	--

Has this facility previously applied for or been registered as a facility with the Kentucky Board of Veterinary Examiners?	<input type="checkbox"/> Yes or <input type="checkbox"/> No	If yes, previous registration number and date of expiration.	
--	--	--	--

Submit Complete Application to:
Kentucky Board of Veterinary Examiners
4047 Iron Works Parkway, Suite 104
Lexington, Kentucky 40511



II. Registered Responsible Party[†]

III. AAHP Manager[†]

First Name	Last Name	KBVE License No.	Phone	Email

[†]NOTES: 1) Attach additional pages as needed.

- 2) Pursuant to 201 KAR 16:777, Section 4(1), notification of any change to the registered responsible party shall be sent to KBVE within 30 days.
- 3) Pursuant to 201 KAR 16:777, Section 4(2), notification of any change to the AAHP manager shall be sent to KBVE within ten (10) days.

Submit Complete Application to:
Kentucky Board of Veterinary Examiners
4047 Iron Works Parkway, Suite 104
Lexington, Kentucky 40511



IV. Registered Facility Licensee Information

Name of AAHP(s), if applicable*	License Number	Employment Status (Direct employee, contract work, fulltime, parttime, etc.)
Name of LVT(s), if applicable*	License Number	Employment Status

*Attach additional pages as necessary.

V. Operational Information

1. Identify typical hours of operation posted for the public (excluding holiday hours):

Day	Hours
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

2. Identify the Kentucky counties served by the facility or indicate "statewide".

Submit Complete Application to:
 Kentucky Board of Veterinary Examiners
 4047 Iron Works Parkway, Suite 104
 Lexington, Kentucky 40511



3. Identify species served and percentages. (Check all that apply)

 Small animal = ____% feline canine Livestock (excluding equine) = ____% bovine (beef or dairy) small ruminants camelid
 poultry porcine Other: _____ Equine = ____% Exotics = ____% avian (non-livestock) pocket pets Other: _____

4. Identify the patient services offered by the facility. (Check all that apply)

 Animal chiropractic Human chiropractic Equine dental Other, indicate type(s): _____

5. Indicate if this premises offers a haul-in installation for livestock.

6. Identify after-hours care arrangements and if a signed agreement is in place with another registered facility.

7. Identify mobile units* affiliated with the facility:

Mobile Unit License Plate (State – Plate #)	Vehicle Make & Model	Primary parking address	Counties served	Primary species served

*Attach additional pages as necessary.

8. Indicate if the AAHP facility or any facility employee holds one (1) or more of the following permits from the Kentucky Department of Fish and Wildlife Resources (KDFWR).

KDFWR Regulatory Citation	Permit Name	Permit Number	Expiration Date
301 KAR 2:075	Certified Wildlife Rehabilitator		
301 KAR 3:120	Commercial Nuisance Wildlife Control Operator		
301 KAR 2:081	Captive Wildlife Holder		
301 KAR 2:082	Wildlife Transporter		

Submit Complete Application to:
 Kentucky Board of Veterinary Examiners
 4047 Iron Works Parkway, Suite 104
 Lexington, Kentucky 40511



VI. Application Check List

- Acknowledgement regarding requirement to post AAHP facility registration on the premises of each registered fixed facility. Mobile units may keep the registration in the vehicle, accessible upon demand.
- Application fee – Payable to the **Kentucky State Treasurer**. Fees pursuant to 201 KAR 16:517. Checks may be personal, business, cashier's check, or money order. Do not send cash. Mail to KBVE.
 - On or before June 30, 2025:
 - \$100 for initial registration for a fixed facility and up to two (2) mobile units; or
 - \$100 for initial registration for three (3) mobile units without a fixed facility; and
 - \$25 for each additional mobile unit, total additional units = _____ x \$25 = _____.
 - After June 30, 2025, initial registration fees:
 - \$500 fixed facility and up to two (2) mobile units; or
 - \$500 three (3) mobile units without a fixed facility; and
 - \$25 for each additional mobile unit, total additional units = _____ x \$25 = _____.

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 credential issued by the board.

I swear or affirm that I am not omitting any information which might be of value to this Board or its determination of my qualifications, whether it is requested or not and I agree that any falsification, omission, or withholding of pertinent information or facts in regard to my application shall serve as sufficient grounds for the denial, revocation, cancellation, or suspension of my facility registration.

Further, I understand that the registered facility and all employees of and those contracted with the facility 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 facility's activities, I am aware I can review the materials by visiting the KBVE website at <https://kbve.ky.gov/Pages/practice-act.aspx>.

I hereby swear or affirm, that I have read the above statements and agree to the same.

Signature

Date

Printed Name

Title

Submit Complete Application to:
 Kentucky Board of Veterinary Examiners
 4047 Iron Works Parkway, Suite 104
 Lexington, Kentucky 40511



Andy Beshear
Governor



John C. Park, DVM
Board Chairman

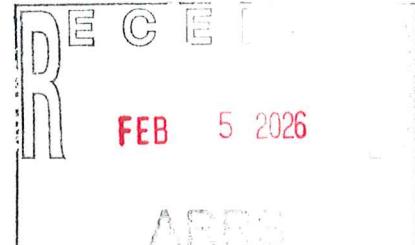
KENTUCKY BOARD OF VETERINARY EXAMINERS

4047 Iron Works Parkway, Suite 104, Lexington, KY 40511

Office: 502-564-5433 • Fax: 502-573-1458

kbve.ky.gov • vet@ky.gov

February 5, 2026



Senator Stephen West, Co-Chair
Representative Derek Lewis, Co-Chair
c/o Ange Darnell, Regulation Compiler
Legislative Research Commission 083, Capitol Annex
702 Capitol Avenue
Frankfort, Kentucky 40601

RE: 201 KAR 16:775. AAHP facilities -- Renewal notice -- Requirements for renewal and reinstatement.

Dear Co-Chairs West and Lewis,

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 201 KAR 16:775, the Kentucky Board of Veterinary Examiners proposes the attached amendment to 201 KAR 16:775.

Sincerely,

A handwritten signature in blue ink that reads "Michelle M. Shane".

Michelle M. Shane, Executive Director
Kentucky Board of Veterinary Examiners
4047 Iron Works Parkway, Suite 104
Lexington, Kentucky 40511



SUGGESTED SUBSTITUTE

BOARDS AND COMMISSIONS
Board of Veterinary Examiners

201 KAR 16:775. AAHP facilities -- Renewal notice -- Requirements for renewal and reinstatement.

RELATES TO: KRS 321.175, 321.181~~(1)-(4)~~, 321.189, 321.203, 321.205, 321.235, 321.253, 321.255
STATUTORY AUTHORITY: KRS ~~321.175(2)(c), (4), (5),~~ 321.181(1)-(4), 321.203, 321.205, 321.235(1)(a)-(c), (2)(b)2., 321.236

CERTIFICATION STATEMENT: This certifies that this administrative regulation complies with the requirements of 2025 RS HB 6, Section 8.

NECESSITY, FUNCTION, AND CONFORMITY: KRS 321.235(1)(b) requires the board to promulgate administrative regulations to implement and enforce KRS Chapter 321. KRS 321.235(2)(b)2. authorizes the board to promulgate administrative regulations to establish conditions for applications and licensure~~permitting~~ of allied animal health professional (AAHP) facilities. This administrative regulation establishes requirements for AAHP facility registration renewal and reinstatement applications.

Section 1. Renewal Notices and Timeliness of Renewal Applications.

- (1) The board shall, not later than August 31 of each odd-numbered year, email or mail to each registered AAHP facility a biennial renewal notice.
- (2) The renewal application shall be completed by the AAHP manager or registered responsible party and returned to the board, including all required attachments and, if required by the board, proof of course completion for the required continuing education.
- (3) Timely receipt of renewal application.
 - (a) Renewals bearing a postmark, or, if an online renewal, a timestamp, of not later than September 30 of every odd-numbered year beginning in 2027 and each odd-numbered year thereafter shall be considered received on time.
 - (b) Renewals bearing a postmark, or, if an online renewal, a timestamp, on or after October 1 of every odd-numbered year shall be considered late and shall cause the registration status to be changed to expired. There shall be no grace period for registered facility renewal.
- (4) Renewal fee.
 - (a) The renewal fee shall be paid pursuant to 201 KAR 16:517; and
 - (b) The renewal fee shall be attached to the completed renewal form when it is returned to the board or paid online with the completion of the online renewal form.

Section 2. Renewal Application.

- (1) The renewal application shall be completed by the registered responsible party or AAHP manager and returned to the board, including all required attachments.
- (2) A renewal application to the board for an AAHP facility registration shall include the following components:
 - (a) A completed application on the Renewal Application for Registered AAHP Facilities form or online equivalent form, including all required attachments and fees pursuant to 201 KAR 16:517;
 - (b) Identification of any changes to the registered responsible party;
 - (c) Identification of the AAHP manager;
 - (d) Identification of the legal business name and the doing-business-as (D.B.A.) name of the facility;
 - (e) Identification of the phone, address, and email address of the registered facility;
 - (f)~~(d)~~ A copy of the business registration from the Kentucky Secretary of State, county registration, or similar business registration, if one (1) exists;
 - (g)~~(e)~~ Identification of the type of AAHP facility from one (1) or more in a list provided by the board;
 - (h)~~(f)~~ Identification of the species served by the facility from one (1) or more in a list provided by the board;

- (i) Identification of the patient services offered at the AAHP facility from one (1) or more in a list provided by the board;
- (j) A complete list of AAHP licensees[permittees] working at the facility;
- (k) A complete list of all mobile units registered under the[affiliated with the] AAHP facility;
- (l) Disclosure of afterhours care arrangements;
- (m) For fixed facilities, county of location and counties served;
- (n) For mobile units, a list of the counties served by the mobile unit;
- (o) Hours of facility operation; and
- (p) A copy of any court documents, final orders, settlement agreements, or other information requested by the board in support of the application.

(3) A change in fifty (50) percent or more of ownership or of the registered responsible parties shall be cause for the board to deny an AAHP facility renewal and require a new AAHP facility application.

Section 3. Failure to Renew.

- (1) Applicants for renewal that miss the AAHP facility registration renewal deadline shall immediately cease operations offering AAHP services.
- (2) If the registered responsible party desires to continue offering AAHP services on the premises or from a mobile unit, they shall submit a complete reinstatement application in accordance with Section 4 of this administrative regulation.

Section 4. Reinstatement. A registered responsible party or AAHP manager may apply for reinstatement of an expired AAHP facility registration if not more than five (5) years have elapsed since the last date of registration expiration pursuant to KRS 321.203. Applications to the board for reinstatement of a AAHP facility registration shall include the following components:

- (1) A completed application on a Reinstatement Application for Registered AAHP Facilities form or online equivalent form, including the following components and all required attachments and fees pursuant to 201 KAR 16:517;
- (2) Identification of any changes to the registered responsible party;
- (3) Identification of the AAHP manager;
- (4) Identification of the legal business name and the doing-business-as (D.B.A.) name of the facility;
- (5) Identification of the phone, address, and email address of the registered facility;
- (6) A copy of the business registration from the Kentucky Secretary of State, county registration, or similar business registration, if one (1) exists;
- (7) Identification of the type of AAHP facility from one (1) or more in a list provided by the board;
- (8) Identification of the type of AAHP facility from one (1) or more in a list provided by the board;
- (9) Identification of the species served by the facility from one (1) or more in a list provided by the board;
- (10) Identification of the patient services offered at the AAHP facility from one (1) or more in a list provided by the board;
- (11) A complete list of AAHP licensees[permittees] working at the facility;
- (12) A complete list of all mobile units registered under the[affiliated with the] AAHP facility;
- (13) Disclosure of afterhours care arrangements;
- (14) For fixed facilities, county of location and counties served;
- (15) For mobile units, a list of the counties served by the mobile unit;
- (16) Hours of facility operation; and
- (17) A copy of any court documents, final orders, settlement agreements, or other information requested by the board in support of the application.

Section 5. Background Checks. Pursuant to KRS 321.189, the board may:

- (1) Conduct a national or jurisdictional level background check on each AAHP manager applicant for AAHP facility registration. The check shall be processed by a board-approved[board approved] background check provider and may include a copy of the applicant's fingerprints captured at a board-approved location;

- (2) Reject background checks that do not have an official seal or watermark, or that are more than ninety (90) days old; and
- (3) Impose additional requirements as a condition of registration or deny the AAHP facility application or the designated AAHP manager following the board's review of findings from a background check.

Section 6. Incorporation by Reference.

- (1) The following material is incorporated by reference:
 - (a) "Renewal Application for Registered AAHP Facilities", 11/2025[8/2025][3/2025]; and
 - (b) "Reinstatement Application for Registered AAHP Facilities", 11/2025[8/2025][3/2025].
- (2) This material may be inspected, copied, or obtained, subjected to applicable copyright law, at the Kentucky Board of Veterinary Examiners, 4047 Iron Works Parkway, Suite 104, Lexington, Kentucky 40511, Monday through Friday, 8:30 a.m. to 4:30 p.m. This material may also be obtained at kbve.ky.gov.

CONTACT PERSON: Michelle M. Shane, KBVE Executive Director, 4047 Iron Works Parkway, Suite 104, Lexington, Kentucky 40511, phone 502-564-5433, fax 502-573-1458, email Michelle.Shane@ky.gov.

MATERIAL INCORPORATED BY REFERENCE

At the time that the agency files this staff suggested amendment, it needs to file one (1) clean copy of an updated "Renewal Application for Registered AAHP Facilities" that:

- Includes an updated edition date of 11/2025 on each page
- Page 1 – Correct the citation to KRS 321.181(68) to cite to KRS 321.181(3)
 - Change under definition for "AAHP manager", to read: "at least one (1) board-licensed"
- Under I. AAHP Facility Contact Information, change "Physical Premise" address to "Physical Premises" address
- Page 5, V. Operational Information, Question 5, change "premise" to "premises"

At the time that the agency files this staff suggested amendment, it needs to file one (1) clean copy of an updated "Reinstatement Application for Registered AAHP Facilities" that:

- Includes an updated edition date of 11/2025 on each page
- Page 1 – Correct the citation to KRS 321.181(68) to cite to KRS 321.181(3)
 - Change under definition for "AAHP manager", to read: "at least one (1) board-licensed"
 - Under 1. AAHP Facility Contact Information, change "Physical Premise" address to "Physical Premises" address
 - Correct regulation citation on the bottom right corner of the page
- Page 5, V. Operational Information, Question 5, change "premise" to "premises"



KENTUCKY BOARD OF VETERINARY EXAMINERS

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Office: 502-564-5433 • Fax: 502-573-1458

kbve.ky.gov • vet@ky.gov

Renewal Application for Registered AAHP Facilities

Instructions: This application shall be completed by a registered responsible party or AAHP manager to renew an AAHP facility registration in Kentucky pursuant to KRS Chapter 321 and 201 KAR Chapter 16. 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.**

KRS 321.181(59) states, “‘Registered responsible party’ means at least one (1) person who: (a) ... is designated as the registered responsible party on a facility registration and is responsible for its operation and management in conjunction with the veterinarian manager or allied animal health professional manager; and (b)... At a minimum, the registered party shall include all persons, owners, and corporate owners of the registered veterinary facility or allied animal health professional facility”.

KRS 321.181(3) states, “‘AAHP manager’ means at least one (1) board-licensed AAHP who registers to assume responsibility for the registration, management, and operation of a registered allied animal health professional facility”.

OFFICIAL USE ONLY

I. AAHP Facility Contact Information

Registered Name of AAHP Facility / Business

Doing-Business-As (D.B.A) Name of AAHP Facility / Business

Facility Website

Facility Phone Number

Facility Email Address

<u>Primary Facility Type</u>	<input type="checkbox"/> Fixed Facility <input type="checkbox"/> Mobile Unit	If one (1) or more additional mobile units being registered with this facility, indicate quantity:	_____
------------------------------	---	--	-------

Address Type	Street	City	Zip	County
--------------	--------	------	-----	--------

Mailing Address				
-----------------	--	--	--	--

Physical Premises Address (If primary mobile unit, parking address)				
--	--	--	--	--

REQUIRED ATTACHMENT	<input type="checkbox"/> Secretary of State Business Registration or annual report, county registration, or similar business registration, if one exists			
---------------------	--	--	--	--

Current Registration Number		Current Expiration Date	
-----------------------------	--	----------------------------	--

Submit Complete Application to:
Kentucky Board of Veterinary Examiners
4047 Iron Works Parkway, Suite 104
Lexington, Kentucky 40511



II. Registered Responsible Party[†]

III. AAHP Manager[†]

First Name	Last Name	KBVE License No.	Phone	Email

†NOTES: 1) Attach additional pages as needed.

- 2) Pursuant to 201 KAR 16:777, Section 4(1), notification of any change to the registered responsible party shall be sent to KBVE within 30 days.
- 3) Pursuant to 201 KAR 16:777, Section 4(2), notification of any change to the AAHP manager shall be sent to KBVE within ten (10) days.

Submit Complete Application to:
Kentucky Board of Veterinary Examiners
4047 Iron Works Parkway, Suite 104
Lexington, Kentucky 40511



IV. Registered Facility Licensee Information

Name of AAHP(s), if applicable*	License Number	Employment Status (Direct employee, contract work, fulltime, parttime, etc.)
Name of LVT(s), if applicable*	License Number	Employment Status

*Attach additional pages as necessary.

V. Operational Information

1. Identify typical hours of operation posted for the public (excluding holiday hours):

Day	Hours
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

2. Identify the Kentucky counties served by the facility or indicate “statewide”.

Submit Complete Application to:
 Kentucky Board of Veterinary Examiners
 4047 Iron Works Parkway, Suite 104
 Lexington, Kentucky 40511



3. Identify species served and percentages. (Check all that apply)

 Small animal = ____% feline canine Livestock (excluding equine) = ____% bovine (beef or dairy) small ruminants camelid
 poultry porcine Other: _____ Equine = ____% Exotics = ____% avian (non-livestock) pocket pets Other: _____

4. Identify the patient services offered by the facility. (Check all that apply)

 Animal chiropractic Human chiropractic Equine dental Other, indicate type(s): _____

5. Indicate if this premises offers a haul-in installation for livestock.

6. Identify after-hours care arrangements and if a signed agreement is in place with another registered veterinary facility.

7. Identify mobile units* affiliated with the facility:

Mobile Unit License Plate (State – Plate #)	Vehicle Make & Model	Primary parking address	Counties served	Primary species served

*Attach additional pages as necessary.

8. Indicate if the AAHP facility or any facility employee holds one (1) or more of the following permits from the Kentucky Department of Fish and Wildlife Resources (KDFWR).

KDFWR Regulatory Citation	Permit Name	Permit Number	Expiration Date
301 KAR 2:075	Certified Wildlife Rehabilitator		
301 KAR 3:120	Commercial Nuisance Wildlife Control Operator		
301 KAR 2:081	Captive Wildlife Holder		
301 KAR 2:082	Wildlife Transporter		

Submit Complete Application to:
 Kentucky Board of Veterinary Examiners
 4047 Iron Works Parkway, Suite 104
 Lexington, Kentucky 40511



VI. Application Check List

- Acknowledgement regarding requirement to post AAHP facility registration on the premises of each registered fixed facility. Mobile units may keep the registration in the vehicle, accessible upon demand.**
- Renewal fee – Payable to the Kentucky State Treasurer.** Fees pursuant to 201 KAR 16:517. Checks may be personal, business, cashier's check, or money order. Do not send cash. Mail check to KBVE.
 - \$200 – fixed facility and up to two (2) mobile units; or**
 - \$200 – one (1) to three (3) mobile units without a fixed facility; and**
 - \$25 for each additional mobile unit, total additional units = _____ x \$25 = _____.**

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 I am not omitting any information which might be of value to this Board or its determination of my qualifications, whether it is requested or not. I agree that any falsification, omission, or withholding of pertinent information or facts regarding my application shall be grounds for the Kentucky Board of Veterinary Examiners to suspend, revoke, or terminate any credential issued by the Board.

I swear or affirm that I am not omitting any information which might be of value to this Board or its determination of my qualifications, whether it is requested or not and I agree that any falsification, omission, or withholding of pertinent information or facts in regard to my application shall serve as sufficient grounds for the denial, revocation, cancellation, or suspension of my facility registration.

Further, I understand that the registered facility and all employees of and those contracted with the facility 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 facility's activities, I am aware I can review the materials by visiting the KBVE website at <https://kbve.ky.gov/Pages/practice-act.aspx>.

Signature

Date

Printed Name

Title



KENTUCKY BOARD OF VETERINARY EXAMINERS

4047 Iron Works Parkway, Suite 104, Lexington, KY 40511

Office: 502-564-5433 • Fax: 502-573-1458

kbve.ky.gov • vet@ky.gov

OFFICIAL USE ONLY

Reinstatement Application for Registered AAHP Facilities

Instructions: This application shall be completed by a registered responsible party or an AAHP manager to apply for reinstatement of an AAHP facility registration in Kentucky pursuant to KRS Chapter 321 and 201 KAR Chapter 16. 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.**

KRS 321.181(59) states, “‘Registered responsible party’ means at least one (1) person who: (a) ... is designated as the registered responsible party on a facility registration and is responsible for its operation and management in conjunction with the veterinarian manager or allied animal health professional manager; and (b)... At a minimum, the registered party shall include all persons, owners, and corporate owners of the registered veterinary facility or allied animal health professional facility”.

KRS 321.181(3) states, “‘AAHP manager’ means at least one (1) board-licensed AAHP who registers to assume responsibility for the registration, management, and operation of a registered allied animal health professional facility”.

I. AAHP Facility Contact Information

Registered Name of AAHP Facility / Business

Doing-Business-As (D.B.A) Name of AAHP Facility / Business

Facility Website

Facility Phone Number

Facility Email Address

<u>Primary Facility Type</u>	<input type="checkbox"/> Fixed Facility <input type="checkbox"/> Mobile Unit	If one (1) or more additional mobile units being registered with this facility, indicate quantity:	_____
------------------------------	---	--	-------

Address Type	Street	City	Zip	County
--------------	--------	------	-----	--------

Mailing Address				
-----------------	--	--	--	--

Physical Premises Address (If primary mobile unit, parking address)				
--	--	--	--	--

REQUIRED ATTACHMENT	<input type="checkbox"/> Secretary of State Business Registration or annual report, county registration, or similar business registration, if one exists			
---------------------	--	--	--	--

Has this facility previously applied for or been registered as a veterinary facility with the Kentucky Board of Veterinary Examiners?	<input type="checkbox"/> Yes or <input type="checkbox"/> No	If yes, previous registration number and date of expiration.	
---	--	--	--

Submit Complete Application to:
Kentucky Board of Veterinary Examiners
4047 Iron Works Parkway, Suite 104
Lexington, Kentucky 40511



II. Registered Responsible Party[†]

III. AAHP Manager[†]

First Name	Last Name	KBVE License No.	Phone	Email

[†]**NOTES:** 1) Attach additional pages as needed.
2) Pursuant to 201 KAR 16:777, Section 4(1), notification of any change to the registered responsible party shall be sent to KBVE within 30 days.
3) Pursuant to 201 KAR 16:777, Section 4(2), notification of any change to the AAHP manager shall be sent to KBVE within ten (10) days.

Submit Complete Application to:
Kentucky Board of Veterinary Examiners
4047 Iron Works Parkway, Suite 104
Lexington, Kentucky 40511



IV. Registered Facility Licensee Information

Name of AAHP(s), if applicable*	License Number	Employment Status (Direct employee, contract work, fulltime, parttime, etc.)
Name of LVT(s), if applicable*	License Number	Employment Status

*Attach additional pages as necessary.

V. Operational Information

1. Identify typical hours of operation posted for the public (excluding holiday hours):

Day	Hours
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

2. Identify the Kentucky counties served by the facility or indicate “statewide”.

Submit Complete Application to:
 Kentucky Board of Veterinary Examiners
 4047 Iron Works Parkway, Suite 104
 Lexington, Kentucky 40511



3. Identify species served and percentages. (Check all that apply)

Small animal = _____%
 feline canine

Livestock (excluding equine) = _____%
 bovine (beef or dairy) small ruminants camelid
 poultry porcine Other: _____

Equine = _____%
 Exotics = _____%
 avian (non-livestock) pocket pets Other: _____

4. Identify the patient services offered by the facility. (Check all that apply)

Animal chiropractic Human chiropractic
 Equine dental
 Other, indicate type(s): _____

5. Indicate if this premises offers a haul-in installation for livestock.**6. Identify after-hours care arrangements and if a signed agreement is in place with another registered veterinary facility.****7. Identify mobile units* affiliated with the facility:**

Mobile Unit License Plate (State – Plate #)	Vehicle Make & Model	Primary parking address	Counties served	Primary species served

*Attach additional pages as necessary.

8. Indicate if the veterinary facility or any facility employee holds one (1) or more of the following permits from the Kentucky Department of Fish and Wildlife Resources (KDFWR).

KDFWR Regulatory Citation	Permit Name	Permit Number	Expiration Date
301 KAR 2:075	Certified Wildlife Rehabilitator		
301 KAR 3:120	Commercial Nuisance Wildlife Control Operator		
301 KAR 2:081	Captive Wildlife Holder		
301 KAR 2:082	Wildlife Transporter		

Submit Complete Application to:
 Kentucky Board of Veterinary Examiners
 4047 Iron Works Parkway, Suite 104
 Lexington, Kentucky 40511



VI. Application Check List

- Acknowledgement regarding requirement to post AAHP facility registration on the premises of each registered fixed facility. Mobile units may keep the registration in the vehicle, accessible upon demand.
- Reinstatement fee** – Payable to the **Kentucky State Treasurer**. Fees pursuant to 201 KAR 16:517. Checks may be personal, business, cashier's check, or money order. Do not send cash. Mail to KBVE.
 - \$675** - If less than six (6) months has elapsed since the date of expiration.
 - \$725** - If greater than six (6) months has elapsed since the date of expiration and less than five (5) years.

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 I am not omitting any information which might be of value to this Board or its determination of my qualifications, whether it is requested or not. I agree that any falsification, omission, or withholding of pertinent information or facts regarding my application shall be grounds for the Kentucky Board of Veterinary Examiners to suspend, revoke, or terminate any credential issued by the Board.

I hereby give permission for the Kentucky Board of Veterinary Examiners to secure additional information concerning me or any of the statements in this application from any source the Board may choose. I further agree to submit to questioning by the Board, the KBVE AAHP Advisory Committee, or any member or designee thereof, and to substantiate my statements if desired by the Board.

Further, I understand that the registered facility and all employees of and those contracted with the facility 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 facility's activities, I am aware I can review the materials by visiting the KBVE website at <https://kbve.ky.gov/Pages/practice-act.aspx>.

Signature

Date

Printed Name

Title

Andy Beshear
Governor



John C. Park, DVM
Board Chairman

KENTUCKY BOARD OF VETERINARY EXAMINERS

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February 5, 2026

Senator Stephen West, Co-Chair
Representative Derek Lewis, Co-Chair
c/o Ange Darnell, Regulation Compiler
Legislative Research Commission 083, Capitol Annex
702 Capitol Avenue
Frankfort, Kentucky 40601



RE: 201 KAR 16:777. Registered AAHP facilities – Duties of registered responsible parties and AAHP managers.

Dear Co-Chairs West and Lewis,

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 201 KAR 16:777, the Kentucky Board of Veterinary Examiners proposes the attached amendment to 201 KAR 16:777.

Sincerely,

A handwritten signature in blue ink that reads "Michelle M. Shane".

Michelle M. Shane, Executive Director
Kentucky Board of Veterinary Examiners
4047 Iron Works Parkway, Suite 104
Lexington, Kentucky 40511



SUGGESTED SUBSTITUTE

BOARDS AND COMMISSIONS
Board of Veterinary Examiners

201 KAR 16:777. Registered AAHP facilities – Duties of registered responsible parties and AAHP managers.

RELATES TO: KRS 321.175, 321.181, 321.203, 321.205, 321.235, 321.236, 321.251, 321.255
STATUTORY AUTHORITY: KRS [321.175(2)(c), (4), (5),]321.181(1)-(4), 321.203, 321.205,
321.235(1)(b), 321.236(1)(b), (5)/321.236]

CERTIFICATION STATEMENT: This certifies that this administrative regulation complies with the requirements of 2025 RS HB 6, Section 8.

NECESSITY, FUNCTION, AND CONFORMITY: KRS 321.235(1)(b) requires the Kentucky Board of Veterinary Examiners to promulgate administrative regulations to effectively carry out and enforce the provisions of KRS Chapter 321. KRS 321.236 requires all allied animal health professional (AAHP) facilities to register with the Kentucky Board of Veterinary Examiners. KRS 321.236(5) requires each registered AAHP facility to identify both an AAHP manager and each registered responsible party who shall be responsible for the operation and management of the AAHP facility. This administrative regulation establishes the responsibilities for registered responsible parties and AAHP managers.

Section 1. Definitions.

- (1) "Allied animal health professional" or "AAHP" is defined by KRS 321.181(1).
- (2) "Allied animal health professional facility" or "AAHP facility" is defined by KRS 321.181(2).
- (3) ["Fixed facility" is defined by KRS 321.181(38).]
- (4) "Mobile facility" or "mobile unit" is defined by KRS 321.181(48)(46).
- (4)(5) "Registered responsible party" is defined by KRS 321.181(59)(57).

Section 2. Duties of Registered Responsible Parties. A registered responsible party shall:

- (1) Be responsible for maintaining minimum standards as promulgated by the board in 201 KAR Chapter 16;
- (2) Designate an AAHP manager for the registered AAHP facility;
- (3) Ensure the requirements of KRS Chapter 321 and 201 KAR Chapter 16 are met in addition to all local, state, and federal laws governing operations at the AAHP[veterinary] facility; and
- (4) Comply with all duties to report, in accordance with Section 4 of this administrative regulation, including the timely designation of an AAHP manager for the facility.

Section 3. Duties of AAHP Managers.

- (1) An AAHP manager shall:
 - (a) Be responsible for maintaining minimum standards as established[promulgated] by the board in 201 KAR Chapter 16;
 - (b) Maintain a Kentucky Board of Veterinary Examiners AAHP license[permit] in good standing;
 - (c) Comply with all provisions of the KRS Chapter 321[Kentucky Veterinary Medicine Practice Act] and 201 KAR Chapter 16, in addition to all local, state, and federal laws governing operations at the AAHP facility; and
 - (d) Ensure the current board-approved[board approved] AAHP facility registration is posted in the registered facility and viewable by the public.
- (2) The AAHP manager shall be:
 - (a) The individual who oversees AAHP services at the AAHP facility;
 - (b) Knowledgeable about the AAHP facility and[,] its:
 1. Daily operations;
 2. Standard protocols;

3. Drug supplies;
4. Patient areas;
5. Storage structures;
6. Other organizational spaces; and
7. Parts and spaces, both indoors and outdoors;

(c) Physically present[Present] at the AAHP facility with enough frequency during each month to have sufficient knowledge of and control over the facility's methods for complying with minimum standards as established in KRS Chapter 321 and 201 KAR Chapter 16 and the degree to which the minimum standards are being met;[and]

(d) [An AAHP manager shall be] Limited to the management of no more than five (5) registered AAHP facilities. Multiple mobile units registered under a single facility registration shall count as one (1) registered facility; and[.]

(e) Available and responsive to the board, its staff, inspectors, or other board designees, if a facility inspection or any inquiry or investigation by the board occurs.

Section 4. Duty to Report. Either the registered responsible party or AAHP managers shall report to the board:

- (1) Within thirty (30) days, any change of name, address, phone, or email to the registered AAHP facility by completing and submitting to the board the Request for Facility Information Change form incorporated by reference in 201 KAR 16:767, or online equivalent form, including all required attachments, provided by the board;
- (2) Within ten (10) days, a change in the AAHP manager for the registered facility by completing and submitting to the board a Request for a New AAHP Manager form or online equivalent form, including all required attachments, provided by the board; and
- (3) A written response to a grievance or inquiry from the board pursuant to 201 KAR 16:610.

Section 5. Registration and Inspection of Allied Animal Health Professional Facilities.

- (1) Each AAHP licensee[permittee] and AAHP facility or mobile facility shall be subject to KRS Chapter 321 and 201 KAR Chapter 16.
- (2) During a facility inspection or investigation, the board or its designee shall be provided unrestricted access to animal use areas.
- (3) Inspections of an AAHP facility shall be limited to the animal treatment areas unless the board or its designee is accompanied by at least one (1) representative from the professional licensing board or certifying body in the human area of specialty.

Section 6. Separate Human and Animal Treatment Areas Required. An AAHP licensee[permittee] who treats both animal and human patients in the same registered facility shall:

- (1) Post a conspicuous sign in the reception area of that facility informing customers that nonhuman patients are treated on the premises;
- (2) Maintain a separate, non-carpeted room for the purpose of practicing on animal patients;
- (3) Utilize separate furniture and equipment for use with animal patients which shall not be used for human patients;
- (4) Apply appropriate biosecurity measures to prevent contamination and the spread of zoonotic disease; and
- (5) If an animal bite occurs, report to the local health department within twelve (12) hours and comply with state law regarding required actions and, if necessary, quarantine the animal.

Section 7. Incorporation by Reference.

- (1) "Request for a New AAHP Manager", 11/2025/8/2025[3/2025], is incorporated by reference.
- (2) This material may be inspected, copied, or obtained, subjected to applicable copyright law, at the Kentucky Board of Veterinary Examiners, 4047 Iron Works Parkway, Suite 104, Lexington, Kentucky 40511, Monday through Friday, 8:30 a.m. to 4:30 p.m. This material may also be obtained at kbve.ky.gov.

CONTACT PERSON: Michelle M. Shane, KBVE Executive Director, 4047 Iron Works Parkway, Suite 104, Lexington, Kentucky 40511, phone 502-564-5433, fax 502-573-1458, email Michelle.Shane@ky.gov.

MATERIAL INCORPORATED BY REFERENCE

At the time that the agency files this staff suggested amendment, it needs to file one (1) clean copy of an updated "Request for a New AAHP Manager" that:

- Includes an updated edition date of 11/2025 on each page
- Page 1 – Change under Definition for "AAHP manager", to read: "at least one (1) board-licensed"
- Page 2 – Under III. Application Checklist, background check section change "board approved" to "board-approved".



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Request for a New AAHP Manager

Instructions: This request form shall be completed by the registered AAHP facility who must report a new AAHP manager or to update the contact information for the AAHP manager in accordance with 201 KAR 16:777. 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

KRS 321.181(3) states, “Allied animal health professional manager” or ‘AAHP manager’ means at least one (1) board-licensed AAHP who registers to assume responsibility for the registration, management, and operation of a registered allied animal health professional facility”.

I. Registered Facility Information

Registered Name of AAHP Facility / Business

Doing-Business-As (D.B.A) Name of AAHP Facility / Business

Facility Website

Facility Phone Number

Facility Email Address

Address Type	Street	City	Zip	County
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Mailing Address

Physical Address

Current AAHP Manager

Full Name

License Number

Phone Number

Email Address

Submit Completed Form to
Vet@ky.gov (preferred) or mail to:
Kentucky Board of Veterinary Examiners
4047 Iron Works Parkway, Suite 104
Lexington, Kentucky 40511



II. New AAHP Manager

First Name	Middle Name	Last Name	KY License Number		
Date of Birth (required)			Social Security Number (required for U.S. Citizens)		
Address Type	Street	City	ST	Zip	County
Personal Mailing Address					
Cell Phone			Business Phone		
Personal Email Address					
Business Email Address					
<p>1. Does this individual manage other AAHP facilities in Kentucky? <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, list the registration numbers of all other managed facilities.</p> <hr/> <p>2. State the number of hours per month the AAHP manager shall be on the premises of this registered AAHP facility. Attach supporting documents if necessary.</p> <hr/>					

III. Application Check List

Background Check. Complete and submit the official results of a background check to KBVE for the new AAHP manager from a board-approved provider. Visit kbve.ky.gov on the Applications and Forms page and look under the 'Background Checks' heading for more information.

Date Requested: _____ Or, if background check already on file, Date of check: _____

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 I am not omitting any information which might be of value to this Board or its determination of my qualifications, whether it is requested or not. I agree that any falsification, omission, or withholding of pertinent information or facts regarding my application shall be grounds for the Kentucky Board of Veterinary Examiners to suspend, revoke, or terminate any credential issued by the Board.

Further, I understand that the AAHP facility and all employees, contractors, and volunteers at the facility, 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 registered facility activities, I am aware I can visit the KBVE website at <https://kbve.ky.gov/Pages/practice-act.aspx>.

Signature

Date

Printed Name

Title

Submit Completed Form to:
Vet@ky.gov (preferred) or mail to
 Kentucky Board of Veterinary Examiners
 4047 Iron Works Parkway, Suite 104
 Lexington, Kentucky 40511

