

Kentucky Board of Veterinary Examiners
 107 Corporate Drive, Second Floor, Frankfort, Kentucky 40601
 (502) 782-0273 ~ Vet@ky.gov ~ http://bve.ky.gov

APPLICATION FOR REINSTATEMENT FOR ANIMAL EUTHANASIA SPECIALISTS

Please type or print:

Name _____		Certification Number: _____
Social Security #: _____		
Address: _____		
Work Number: _____	Home Number: _____	
Name certificate was issued under: _____		
Do you currently hold a certificate in any other state(s) to practice as an animal euthanasia specialist? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list states and have a letter of good standing from each state (active, inactive or expired) forwarded to this office.		
Do you have any complaints currently pending against a certificate/registration/license held by you in any other state(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach explanation(s).		
Have you ever been convicted of any felony since the time of your initial licensing in Kentucky? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach explanation(s).		
Date of expiration of your Kentucky Certificate? _____		
List all places of employment and dates since your certificate expired in Kentucky:		
Attach reinstatement fee of \$75.00 made payable to the Kentucky State Treasurer. <i>(Must be a check or money order)</i>		
Complete back page of application.		

SIGNATURE: _____ **DATE:** _____

Do Not Write Below – For Board Use Only

Fee Receipt: Date: _____ Approved: _____ Denied: _____
 Amount: \$ _____ Date of Reinstatement: _____

REQUEST FOR ACTIVE STATUS:

Name and Address of Employing Veterinarian or Agency Head:

(Completion required for Active status)

Name

Work Phone Number () _____

Name of Practice

Street Address

City

State

Zip

TO BE COMPLETED BY EMPLOYING VETERINARIAN OR AGENCY HEAD):

(Completion required for Active status)

*I hereby certify that _____ is employed
by me as an Animal Euthanasia Specialist and is rendering satisfactory services as such.*

Signature of Employer/Agency Head

Kentucky Certificate No.

Date

REQUESTING AN INACTIVE STATUS:

If you are not presently employed by a Kentucky licensed Veterinarian or Animal Control Agency, and you desire to maintain your certification for future employment as an Animal Euthanasia Specialist in Kentucky, you shall so state here and you will be considered to be on an inactive registration status in Kentucky.

YOU ARE REMINDED, YOU MAY NOT PRACTICE AS A ANIMAL EUTHANASIA SPEICALIST IN KENTUCKY UNTIL YOU ARE EMPLOYED BY A LICENSED VETERINARIAN OR ANIMAL CONTROL AGENCY AND THE BOARD HAS BEEN ADVISED IN WRITING BY YOUR EMPLOYER.

I hereby apply for inactive status as an Animal Euthanasia Specialist:

Signature

Date