

KANSAS BOARD OF VETERINARY EXAMINERS

OPERATING MANAGING VETERINARIAN REGISTRATION APPLICATION

Date of Application: _____

Date of Change of Operating Managing Veterinarian: _____

Premise Name: _____

Premise Street Address: _____

City, State, Zip

Code: _____

Area Code/Phone Number: _____ Fax Number: _____

Premise Mailing Address: _____

(If different from above street address)

City, State, Zip Code: _____

(If different from the above address)

I hereby affirm that: (1) the information given above is correct and complete, (2) I am familiar with the veterinary premises minimum standards regulations established by the Board of Examiners, (3) if the ownership of the veterinary facility changes, I am responsible for notifying the board and returning the registration, (4) application for and acceptance of a registration of the premise by an applicant shall be deemed as express consent for allowing the board or the board's authorized agent to conduct inspections to ensure compliance with this act or to investigate alleged complaints.

PRINTED NAME _____

SIGNATURE _____ **DATE** _____

(Veterinarian Responsible for Operations & Management)

Return this form to:

Kansas Board of Veterinary Examiners
PO Box 242
Wamego, Kansas 66547-0242