

STATE OF KANSAS
KANSAS BOARD OF VETERINARY EXAMINERS

PREMISE 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)

Area Code/Phone Number: _____ Fax Number: _____

(If different from the above)

(If different from the above)

TYPE OF PREMISES:

- (1) _____ Veterinary Hospital or Clinic
- (2) _____ Out-Patient Clinic
- (3) _____ Satellite Clinic to a Central Facility
- (4) _____ Mobile Veterinary Clinic
- (5) _____ Emergency Clinic

If the type of practice is 2, 3, 4, or 5 above, please state the name of the full service veterinary premise in the area that provides emergency and after hours services:

Premise Name: _____

Premise Street Address: _____

City, State, and Zip Code: _____

Area Code/Phone Number: _____ Fax Number: _____

Names of all Veterinarians who practice at this facility:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Names of all Veterinary Technicians who practice at this facility:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

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