

**STATE OF KANSAS
KANSAS BOARD OF VETERINARY EXAMINERS**

VETERINARY PREMISE REGISTRATION APPLICATION

Date of Application: _____ Date Premise Will Be Opened to the Public: _____

Date of Change of Ownership (If applicable) _____

Date of Change of Location (If applicable) _____

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: _____ (If different from the above)

Fax Number: _____ (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: _____

If this premise has been or will be issued certification or accreditation by any other organization, please include that certification or accreditation with this application. It may be that an inspection fee will not be needed for this registration if the premise is accredited by a recognized organization whose standards are found by the board to meet or to exceed the minimum standards as established by board rules and regulations.

