

**Kansas Excellence Through Education Program (KEEP)**  
**Points Form**



Licensee or Designated Manager/Director Name:

\_\_\_\_\_

Kansas License Number: \_\_\_\_\_

Date of Program: \_\_\_\_\_

Name of Program Speaker (Veterinarian or KAHD Representative):

\_\_\_\_\_

Signature of Program Speaker or Program Coordinator:

\_\_\_\_\_

Title of Program:

\_\_\_\_\_

City and State where program was presented: \_\_\_\_\_

Sponsor of Education Program (ie: Club, Organization):

\_\_\_\_\_

Total minutes or hours of actual presentation: \_\_\_\_\_

(If more than one speaker is presenting a program, please use a separate form for each speaker and the topic presented.)

**Please attach a program or flier to this form and forward to:**

**Becky Blaes**

**522 North Maple St.**

**Cherryvale, KS 67335**

**e-mail: [bblaes2000@yahoo.com](mailto:bblaes2000@yahoo.com)**

**phone: 620-252-5738 fax: 620-336-3700**

(Don't forget to keep a copy for your records.)

**KEEP: To educate all entities of the Kansas Pet Animal Act, resulting in quality care of Kansas pet animals through knowledge and a dedication to excellence.**



**KEEP Kansas Pets Shining!**

