

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) _____

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)

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.

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)

Premise application fee **\$75.00**
Premise inspection fee **\$75.00**

Make check payable to: Kansas Board of Veterinary Examiners
PO Box 242
Wamego, Kansas 66547-0242