

PO Box 379
Wamego, KS 66547-0379
vetboard@ks.gov



Phone: (785) 456-8781
Fax: (785) 456-8782
<https://kbve.kansas.gov>

PREMISE REGISTRATION APPLICATION AND INSPECTION

PREMISE INFORMATION

Premise Name:

Premise Address:

City, State, Zip Code:

Phone #:

Email:

Date Premise Will Be Opened to the Public:

Fax:

OWNERSHIP INFORMATION

Legal Ownership Name:

Individual/Sole Proprietor

Partnership (LLP/LP)

Corporation (Corp./P.C.)

LLC

Phone#:

Email:

OPERATING MANAGING VETERINARIAN--VETERINARIANS--REGISTERED TECHNICIANS

Name of Operating Managing Veterinarian:

1.

Names of Veterinarians who practice at this facility:

1.

2.

3.

4.

5.

Names of Registered Technicians who work at this facility:

1.

2.

3.

4.

5.

All premise registrations run July 1st to June 30th.

Make check payable to: Kansas Board of Veterinary Examiners
P.O. Box 379
Wamego, Kansas 66547-0379

Premise registration application and inspection fee \$150.00
• New premise or new owner

Premise registration application..... \$ 75.00
• Existing premise with same owner; new operating managing veterinarian

Mobile/ambulatory unit application.....\$150.00

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.

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 within 30 days 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.

Veterinarian Responsible for Operations & Management

Signature: _____ Date: _____

Printed Name: _____

For Office Use Only

Date of Application Received: _____ Inspection Date: _____

Check #/Amount: _____ Premise Registration #: _____