KANSAS BOARD OF VETERINARY EXAMINERS
PO Box 379
Wamego, Kansas 66547-0379
Phone: 785.456.8781

Public Use Data Request Form

Name:_____

Organization:_____

Address:_____
City/State/Zip

Phone Number: (___)_____**Fax Number: (___)**_____

List of KS licensed DVMs <u>or</u> List of KS registered RVTs

Each list and reflects the individual's name, work address, and work phone number.
**Any blank fields indicate no information has been provided by the licensee/registrant.*

We do not transmit list information electronically, as it may be intercepted by unintended parties.

[options]

- **HARD COPY = $20**
- **CD = $27**

Please return a check, payable to the Kansas Board of Veterinary Examiners, PO Box 379, Wamego, Kansas 66547-0379. **Once we receive your payment, the information will be mailed to the address you have provided.**

I do not intend to and will not use any list of names or addresses derived from the Board's records to sell or offer to sell any property or services to any person listed or to any person who resides at the address listed. Moreover, I do not intend to sell, give or otherwise make available to any person any list of names or addresses contained in or derived from Board records for the purpose of allowing such person to sell or offer to sell any property or service to any person listed or to any person who resides at any address listed. I understand that if I do so, I shall be liable for payment of a civil penalty not to exceed $500 for each violation in an action brought by the Kansas Attorney General or a county/district attorney pursuant to K.S.A. 45-230

_____

Signature **Title** **Date**