

PO Box 379  
714 Plum St.  
Wamego, KS 66547-0379



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

Laura Kelly, Governor

January 02, 2020

Dear Doctor,

I have been directed by the Kansas Board of Veterinary Examiners to make contact with all Kansas licensed veterinarians who do not operate from a veterinary premise as defined by K.S.A. 47-816(k) and/or who have not disclosed a work location.

We have been directed by the State Legislature's Joint Committee on Administrative Rules and Regulations to inspect all mobile practitioners in the state and monitor for compliance to standards that fall under Kansas Administrative Regulations 70-7-1. This regulation addresses the minimum standards of practice of veterinary medicine which fall within the parameters of the Kansas Veterinary Practice Act.

*The statutes and regulations can be reviewed from our website <https://kbve.kansas.gov/statutes/>*

Thank you in advance for your time and cooperation in filling out this questionnaire to make this process as simple as possible please complete the attached questionnaire and return to the board office by January 17, 2020.

If you have any question, please feel free to contact me at the information listed below.

Sincerely,

A handwritten signature in black ink that reads "Konrad Coe".

Konrad Coe  
Premise Inspector  
**Kansas Board of Veterinary Examiners**  
**PO Box 379**  
**Wamego, Kansas 66547-0379**  
785-338-2528  
[konrad.coe@ks.gov](mailto:konrad.coe@ks.gov)  
<https://kbve.kansas.gov/>

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## QUESTIONNAIRE

**Name:**

\_\_\_\_\_

**Current Home Address and Phone Number:**

\_\_\_\_\_

\_\_\_\_\_

**Current Work Address, Phone Number:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Mobile Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Answer the following questions:**

1. Are you practicing veterinary medicine in the state of Kansas? Yes or No (circle one)
2. Briefly describe your veterinary practice.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Do you currently maintain a DEA license? Yes or No (circle one)

I declare (or verify, certify or state) under penalty of perjury that the foregoing is true and correct. Executed on this \_\_\_\_\_ day of \_\_\_\_\_, 2020.

**Print Name** \_\_\_\_\_

\_\_\_\_\_

**(Signature)**