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PUBLIC USE DATA REQUEST FORM

Name: _____

Organization: _____

Address: _____

Phone #: _____

Email: _____

Select one or both of the following:

List of KS licensed DVMs

List of KS registered RVTs

Each list reflects the individual's last name, contact name, work address including city, state, and zip code, license issue date, license expiration date, and license number.

Data Format:

Hard Copy (1 list)--\$35.00

Hard Copy (DVM & RVT list)--\$50.00

Electronic (1 list)--\$25.00

Electronic (DVM & RVT list)--\$40.00

Mailing Information:

Please return this completed form and a check, payable to the Kansas Board of Veterinary Examiners at PO Box 379, Wamego, Kansas 66547-0379. Once we receive your payment, the information will be mailed or emailed 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 an 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: _____

Date: _____

For Office Use Only

Date Form Received: _____ Check#/Amount: _____