

**KANSAS BOARD OF VETERINARY EXAMINERS**

**MOBILE / AMBULATORY VETERINARY 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)

E-mail \_\_\_\_\_

**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) \_\_\_\_\_

Names of all Veterinary Technicians who practice at this facility:

1) \_\_\_\_\_

2) \_\_\_\_\_

Do you have a DEA license?: \_\_\_\_\_ YES \_\_\_\_\_ NO

**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)

Mobile / Ambulatory Registration Fee..... **\$ 75.00**

Make check payable to: **Kansas Board of Veterinary Examiners**

**PO Box 379**

**Wamego, Kansas 66547-0379**

Phone: 785.456.8781