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Laura Kelly, Governor

**VETERINARY LICENSE  
RENEWAL APPLICATION & NOTICE OF EXPIRATION**

**LICENSE RENEWAL FOR THE LICENSE YEAR 7/1/2023 – 6/30/2024**

Name: \_\_\_\_\_ License #: \_\_\_\_\_

This is your license renewal application and serves as notice that your Kansas Veterinary License will expire on June 30, 2023.

There are two ways to renew your veterinary license:

1. Renew online at <https://appengine.egov.com/apps/ks/kbve/renewals>
2. Complete this form with signature and return to the KBVE office, along with your payment of **\$100.00**, no later than **June 30, 2023**.

Veterinary licenses not renewed online or postmarked by June 30, 2023, have 60 days to renew and will be charged a \$100.00 late renewal penalty. If not renewed in the 60 days, the license will expire, and you will have to reapply with a new application.

Please complete the form in its entirety. Incomplete renewal forms will be returned and not renewed until the complete form and fees are in the Board of Examiners Office.

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mailing address (where you wish to receive mail): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Employer/Business Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Do you have a DEA license? Yes No

Do you practice in Kansas? Yes No

**Please describe your practice activities:**

**By my signature I hereby affirm that:**

- A) I have satisfactory evidence that I have participated in at least 20 hours of programs or activities designed to enhance my level of knowledge, skill, or abilities to practice veterinary medicine during the license year July 1, 2022 through June 30, 2023.
- B) I have not been charged with or convicted of a felony in Kansas or any other state, territory or District of Columbia.
- C) I have not been the subject of a professional disciplinary action taken by any public agency in Kansas or any other state, territory, or the District of Columbia.
- D) To the best of my knowledge, I have not violated any of the provisions of the Kansas Veterinary Practice Act during the license year July 1, 2022 through June 30, 2023.

**If you are not able to affirm the above statements, please provide a statement of explanation:**

**I hereby affirm the above statements are true.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Do not send cash. Cash payments will be returned to sender.**

Kansas Board of Veterinary Examiners  
PO Box 379  
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