

**Kentucky Board of Veterinary Examiners
P.O. Box 1360
Frankfort, Kentucky 40602**

APPLICATION FOR REINSTATEMENT FOR ANIMAL CONTROL AGENCIES

Please type or print

| | |
|---|-----------------------|
| Agency Name: | Certification Number: |
| Address City, State, Zip: | |
| Agency Work Number: | |
| Agency Name certificate was issued under: | |
| Do you have any complaints currently pending against your animal shelter? [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No If yes, attach explanation(s). | |
| Date of expiration of your Kentucky Certificate? | |
| Attach reinstatement fee of \$75.00 made payable to the Kentucky State Treasurer. <i>(Must be a check or money order)</i> | |

Signature of Agency Head or Designee

Date

Do Not Write Below – For Board Use Only

Fee Receipt: Date: _____ Approved: _____ Denied: _____
Amount: \$ _____ Date of Reinstatement: _____