

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

**APPLICATION FOR REINSTATEMENT FOR ANIMAL EUTHANASIA SPECIALISTS**

Please type or print:

Name _____		Certification Number: _____
Social Security #: _____		
Address: _____		
Work Number: _____	Home Number: _____	
Name certificate was issued under: _____		
Do you currently hold a certificate in any other state(s) to practice as an animal euthanasia specialist? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, <b>list states</b> and have a letter of good standing from each state (active, inactive or expired) forwarded to this office.		
Do you have any complaints currently pending against a certificate/registration/license held by you in any other state(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, attach explanation(s).		
Have you ever been convicted of any felony since the time of your initial licensing in Kentucky? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, attach explanation(s).		
Date of expiration of your Kentucky Certificate? _____		
List all places of employment and dates since your certificate expired in Kentucky:		
Attach reinstatement fee of \$75.00 made payable to the Kentucky State Treasurer. <i>(Must be a check or money order)</i>		
Complete back page of application.		

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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**Do Not Write Below – For Board Use Only**

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

**REQUEST FOR ACTIVE STATUS:**

**Name and Address of Employing Veterinarian or Agency Head:**

*(Completion required for Active status)*

\_\_\_\_\_  
Name

\_\_\_\_\_  
Work Phone Number (    ) \_\_\_\_\_

\_\_\_\_\_  
Name of Practice

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**TO BE COMPLETED BY EMPLOYING VETERINARIAN OR AGENCY HEAD):**

*(Completion required for Active status)*

*I hereby certify that \_\_\_\_\_ is employed  
by me as an Animal Euthanasia Specialist and is rendering satisfactory services as such.*

\_\_\_\_\_  
*Signature of Employer/Agency Head*

\_\_\_\_\_  
*Kentucky Certificate No.*

\_\_\_\_\_  
*Date*

**REQUESTING AN INACTIVE STATUS:**

If you are not presently employed by a Kentucky licensed Veterinarian or Animal Control Agency, and you desire to maintain your certification for future employment as an Animal Euthanasia Specialist in Kentucky, you shall so state here and you will be considered to be on an inactive registration status in Kentucky.

YOU ARE REMINDED, YOU MAY NOT PRACTICE AS A ANIMAL EUTHANASIA SPEICALIST IN KENTUCKY UNTIL YOU ARE EMPLOYED BY A LICENSED VETERINARIAN OR ANIMAL CONTROL AGENCY AND THE BOARD HAS BEEN ADVISED IN WRITING BY YOUR EMPLOYER.

*I hereby apply for inactive status as an Animal Euthanasia Specialist:*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*