VETERINARIAN APPROVAL FORM

Name of Veterinary Technician, or Veterinary Assistant:
_____________________________________________________________________________________

Category: __________________________________________________________________________

Pursuant to 810 KAR 3:020, Section 5(1), I hereby certify that the above named individual is either working or supervised by me and that I am a currently licensed veterinarian with the Commonwealth of Kentucky.

Name of Equine Therapist:
_____________________________________________________________________________________

Category: __________________________________________________________________________

Pursuant to 810 KAR 3:020, Section 5(1), I hereby attest to the skill and integrity of the above named equine health professional and that I am a currently licensed veterinarian with the Commonwealth of Kentucky.

Practicing Veterinarian Name: __________________________________________________________

___________________________________________
Practicing Veterinarian Signature

___________________________________________
Date

___________________________________________
Chief Veterinarian Signature

___________________________________________
Date

___________________________________________
Licensee/Applicant Signature

___________________________________________
Date