

KHRC 25-04 (01/10)

VETERINARIAN APPROVAL FORM

Name of Veterinary Technologist, Veterinary Technician, or Veterinary Assistant:

\_\_\_\_\_

Category: \_\_\_\_\_

Pursuant to 810 KAR 1:025, Section 4(5) and 811 KAR 1:070, Section 4(5)(a),(b) and (c), I certify that the above mentioned individual is either working or supervised by me and that I am a currently licensed veterinarian with the Commonwealth of Kentucky.

Name of Equine Health Professional:

\_\_\_\_\_

Category: \_\_\_\_\_

Pursuant to 810 KAR 1:025, Section 4(5) and 811 KAR 1:070, Section 4(5)(d), I attest to the skill and integrity of this equine health professional and that I am a currently licensed veterinarian with the Commonwealth of Kentucky.

Practicing Veterinarian Name: \_\_\_\_\_

\_\_\_\_\_  
Practicing Veterinarian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief State Veterinarian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Licensee/Applicant Signature

\_\_\_\_\_  
Date