

## 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