

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