



From: Ashley Osborne, Extension Specialist for 4-H Youth Development

Date: September 2019

Subject: Certificate of Veterinary Inspection (CVI)

Each dog participating in Kentucky 4-H Dog Program state events (e.g., dog camp, state dog show) is required to have a Kentucky Department of Agriculture Small Animal Certificate of Veterinary Inspection (CVI). The CVI is mandated by the Kentucky Administrative Regulation 302. The regulation, 302 KAR 20:065, Section 9, states that the CVI is "valid for the duration of the rabies vaccination not to exceed one year". An excerpt from the regulation is provided below. An example of this form is included. For the "Destination Address" on the form, please state county and state dog shows.

Text obtained from the Kentucky General Assembly (website:

<https://apps.legislature.ky.gov/law/kar/302/020/065.pdf>, accessed on September 13, 2019)

302 KAR 20:065. Sale and exhibition of Kentucky origin animals in Kentucky.

Section 9. Dogs, Cats, or Ferrets. General Requirements for exhibition. (1) All dogs, cats, or ferrets for exhibition shall be accompanied by a Small Animal CVI Form as required by 302 KAR 20:020, Section 1(3)(c). (2) CVI shall be valid for the duration of the rabies vaccination not to exceed one (1) year. (3) All dogs, cats or ferrets over four (4) months of age shall be vaccinated against rabies per the "Compendium of Animal Rabies Prevention and Control" prepared by the National Association of State Public Health Veterinarians, Inc.





SMALL ANIMAL CERTIFICATE OF VETERINARY INSPECTION
KENTUCKY DEPARTMENT OF AGRICULTURE

Office of State Veterinarian • 100 Fair Oaks Lane, Suite 252, Frankfort, KY 40601
 Phone (502) 564-3956 • Fax (502) 564-7852



SA-297926

KY. ORIGIN:		Consignor (Last Name)		Animal Consigned To:		Consignee (Last Name)		(First Name)	
Ky. Origin Address:		City		State		City		State	
Country		Area Code / Telephone		Premises ID		Area Code / Telephone		Premises ID	
Owner Address (if different):		City		State		City		State	
Destination Address:		City		State		City		State	
County		Area Code / Telephone		Premises ID		Area Code / Telephone		Premises ID	
Consignee Address (if different):		City		State		City		State	
ZIP		ZIP		ZIP		ZIP		ZIP	

Species: Canine Feline Avian Other
 Reason for movement: Traveling w/Owner Exhibition Sale Other
 Transported by: Car Air Rail Truck Number of animals on this CVI _____ Number of days this CVI is valid: _____ days

Animal's Name/ID	Breed	Age	Sex	Color	Date of Rabies Vaccination	Type of Vaccine	Other Vaccinations
EXAMPLE							

I certify, as an accredited veterinarian, that the above described animals have been inspected by me on this date and that they are not showing signs of infection, and/or communicable disease (except where noted). The vaccinations and results of tests are as indicated on the certificate. To the best of my knowledge, the animals listed on this certificate meet the state of destination and federal interstate requirements. No warranty is made or implied.

Date _____ Signature _____ Printed _____ Accreditation Number _____
 Clinic Name _____ Address _____
 City, State, ZIP _____ AC/Phone _____ County _____