



## APPLICATION FOR REGISTRATION ANIMAL EUTHANASIA

(Expires December 31 Annually)

### APPLICATION REQUIREMENTS:

**\$105.00 application or owner/location change fee** - All fees are non-refundable.

**Active Oregon Secretary of State business registration** - Must be verifiable on the Secretary of State's Business Registry Database found at <http://sos.oregon.gov/business>.

**If you answer "YES" to any disciplinary action questions**, including pending disciplinary actions, all notices, citations, etc. and fully executed Board orders must be provided along with a detailed explanation.

**Legible 8.5" x 11" floor plan**, which identifies the location of drug storage, sinks, refrigerators, windows and doors. Windows and doors must be marked as secured or unsecured.

**\*Priority processing will be given to complete applications.** All applications submitted to the Board that are not complete and processed within 6 months will be expired. Once expired, applicants who wish to continue with the application process must reapply by submitting a new application, along with all documentation, and all fees.

#### Mail completed application and all required documentation to:

Oregon Board of Pharmacy  
800 NE Oregon Street, Suite 150  
Portland OR 97232

#### Questions? Contact us:

Telephone: (971) 673-0001  
[www.oregon.gov/pharmacy](http://www.oregon.gov/pharmacy)  
[pharmacy.licensing@bop.oregon.gov](mailto:pharmacy.licensing@bop.oregon.gov)

Please read the following instructions for applicants for registration as an Animal Euthanasia Outlet.

Registration under animal euthanasia classification is limited to animal control agencies and to humane societies, and is only for the purpose of purchasing, possessing, or administering sodium pentobarbital to euthanize animals.

1. Oregon Administrative Rule [Chapter 855, Division 080](#) (OAR 855-080-0100) contains additional information and requirements regarding the Animal Euthanasia registration.
2. The Board will issue a registration once all required documentation and fee(s) have been submitted and the application is approved. Your registration is to be in your possession PRIOR to purchasing, possessing or administering sodium pentobarbital to euthanize animals.
3. **NEW OR RELOCATED FACILITIES must submit a legible 8.5" x 11" floor plan**, drawn to scale (can be hand drawn). Floor plans must identify the location of drug storage, sinks, refrigerators, windows and doors. Additionally, **you must note** whether windows/doors are secured or unsecured.
4. Each company or location address, even if under common ownership, must submit a separate application for registration.
5. Your business must have an active Secretary of State business registration that provides proof of ownership on the Secretary of State's "Oregon Business Registry Database" found at: <http://sos.oregon.gov/business>.

6. You must pay a registration fee for each application for a **New Registration, an Ownership Change or a Location Change**. The Board can only accept payment by check or money order. **All fees are non-refundable.**

Examples of a required ownership change application include but are not limited to: corporate restructure; LLC to a Corporation, Corporation to LLC; acquisition of assets; or additions or deletions of an owner.

An ownership change requires submission of a copy of the sales agreement or other documentation that verifies proof of new ownership.

If you are completing these forms to report a **Name Change** only, you do not pay a fee.

7. **Oregon Revised Statutes and Administrative Rules** are accessible on our web site at: <https://www.oregon.gov/pharmacy/>.

Animal Euthanasia registrations expire December 31 annually and fees are not prorated. Renewal notices will be mailed out mid-November.

# APPLICATION FOR REGISTRATION

## ANIMAL EUTHANASIA

(Expires December 31 Annually)  
Oregon Board of Pharmacy  
800 NE Oregon Street, Suite 150  
Portland OR 97232  
[pharmacy.licensing@bop.oregon.gov](mailto:pharmacy.licensing@bop.oregon.gov)



FOR BOARD USE ONLY	[0322] \$105.00 [0326] \$ 25.00
RECEIPT #	_____
CHECK #	_____
ENTERED BY	_____
PERSON ID #	_____
APPLICANT ID #	_____

### Please check all that apply:

- ☐ Animal Euthanasia Registration  
☐ Laws & Rules per set, please indicate quantity\_\_\_\_\_

Fee: \$105.00

Fee: \$ 25.00

**TOTAL ENCLOSED: \_\_\_\_\_**  
**ALL FEES ARE NON-REFUNDABLE**

### Type of Application – Check all that apply:

- ☐ **New Facility Application - Start / Effective Date:** \_\_\_\_\_
- ☐ **Change of Ownership or** ☐ **Location Change – Effective Date of Change:** \_\_\_\_\_  
A change of ownership or location **requires** the submission of a new application and registration fee **within 15 days**.
- Registration Number:** \_\_\_\_\_
- ☐ **Legal documentation of the change in ownership or control, for example, a stock purchase agreement and/or and executed contract for sale, etc.**
- ☐ **Registration Reinstatement (Registration has been lapsed for a period of one year or more)**
- Registration Number:** \_\_\_\_\_
- ☐ **Name Change Only (No fee required)**
- Registration Number:** \_\_\_\_\_

Please PRINT or TYPE **WARNING:** ORS 689.405(1) & ORS 475.135(1)(e) The furnishing of false information is grounds to deny registration.

Business Name (DBA): \_\_\_\_\_

Full Legal Name / Owner Name: \_\_\_\_\_

Federal Tax ID # or Owner SSN: \_\_\_\_\_

Oregon Secretary of State Corporation Division Registry Number: \_\_\_\_\_

Can be found at: <https://sos.oregon.gov/business/Pages/find.aspx>

Physical Location Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ FAX # \_\_\_\_\_

Registration & Renewal Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Licensing Contact Person: \_\_\_\_\_ Title \_\_\_\_\_ Contact Phone \_\_\_\_\_

Licensing Contact Person E-mail Address: \_\_\_\_\_

Facility Website: \_\_\_\_\_

Hours / Days Establishment is open: \_\_\_\_\_ AM to \_\_\_\_\_ PM \_\_\_\_\_ Through \_\_\_\_\_

**Please answer all of the following:**

1. Has disciplinary action been taken, or is any such action currently pending or proposed against any of the persons or establishments listed on this application, by any State or Federal Authority in connection with a violation of any federal or state drug law or regulation?  If "yes", attach a detailed explanation of the incident and describe any penalty incurred. You must provide a copy of all documents pertaining to discipline. This includes Notice of Disciplinary Actions, Board Orders and other related documents.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Before purchasing a drug from any distributor, do you verify that the vendor is legally authorized to sell the drug?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is this facility a small business? A small business is defined as a corporation, partnership, sole proprietorship or legal entity, which is independently owned and operated from all other businesses and which has 100 or fewer employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have any of the persons or establishments listed on this application been convicted of a felony in connection with controlled substances under state or federal law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. If the applicant is a corporation, association, or partnership, has any officer, partner or stockholder been convicted of a felony in connection with controlled substances under state or federal law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have any of the persons or establishments listed on this application ever surrendered a previous Federal Controlled Substances Registration (FCSA) or had a FCSA Registration revoked, suspended or denied?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. If the applicant is a corporation, association or partnership, has any officer, partner, or stockholder surrendered a FCSA Registration or had a FCSA Registration revoked, suspended or denied?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>IF THE ANSWER IS YES TO ANY OF QUESTIONS 2 THROUGH 5, YOU MUST ATTACH A LETTER SETTING FORTH THE CIRCUMSTANCES.</b>	
<b>CURRENT FEDERAL REGISTRATION NUMBER _____</b> (You must submit a copy of your DEA registration along with this application.)	

\_\_\_\_\_  
Print or Type Name of Responsible Veterinarian

\_\_\_\_\_  
Signature of Responsible Veterinarian

\_\_\_\_\_  
Date

ALL RETURNED PAYMENTS WILL BE ASSESSED A \$35.00 RETURNED PAYMENT FEE  
PURSUANT TO ORS 30.701(5)

## **Ownership Information**

Type of Ownership:

- ☐ Publicly Held Corporation   ☐ Corporation   ☐ Limited Liability Company   ☐ Sole Proprietorship
- ☐ Partnership – Including Limited Liability Partnership and Limited Partnership   ☐ Charitable Organization
- ☐ Government / Educational Institution

**Owner Name** \_\_\_\_\_

**Parent Company Name (If owned by another entity)** \_\_\_\_\_

Complete the information below for all owners. You must include the Registered Agent and at least one of the following: CEO, President, Owner, or Members of LLC. If a corporation, include the names of the corporate officers and the names of the stockholders who own the five largest interests.

- 1.**    Name \_\_\_\_\_  
          Title \_\_\_\_\_  
          SSN/Federal Tax ID \_\_\_\_\_  
          Address \_\_\_\_\_  
          City, State, Zip \_\_\_\_\_  
          Phone Number \_\_\_\_\_  
          Email Address \_\_\_\_\_
- 2.**    Name \_\_\_\_\_  
          Title \_\_\_\_\_  
          SSN/Federal Tax ID \_\_\_\_\_  
          Address \_\_\_\_\_  
          City, State, Zip \_\_\_\_\_  
          Phone Number \_\_\_\_\_  
          Email Address \_\_\_\_\_
- 3.**    Name \_\_\_\_\_  
          Title \_\_\_\_\_  
          SSN/Federal Tax ID \_\_\_\_\_  
          Address \_\_\_\_\_  
          City, State, Zip \_\_\_\_\_  
          Phone Number \_\_\_\_\_  
          Email Address \_\_\_\_\_

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## **Facility Attestation Form**

**Part 1 – Responsible Party Information** - To be completed by an authorized individual of the applicant. This must be an individual who may legally sign on behalf of the business and is responsible for compliance with Oregon Laws and Rules.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Contact email: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Facility City, State, Zip: \_\_\_\_\_

**Part 2 – Attestation** - To be completed by the responsible party listed above (person who may legally sign for the business). *Must be manually signed in ink.*

Per Oregon Revised Statute [689.405\(1\)](#) The furnishing of false information is grounds to deny registration.

I swear or affirm that all information, statements, answers, and representations made in this application and the documents attached are true and correct, that the individuals at this facility are familiar with the laws and rules of the Oregon Board of Pharmacy as well as applicable federal laws, and that the business will be operated in compliance with all applicable laws and regulations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

### **Veterinarian and Certified Euthanasia Technician Information**

Please list the name and certification number of each of your CETs & name and license number of Veterinarians below – Attach additional sheet if necessary:

**Name:**

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**License or Certification Number:**

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#### **FINAL CHECKLIST:**

1. Appropriate Fee Included?

☐ \$105.00 application or owner/location change fee

**Total Fee Enclosed:** \_\_\_\_\_

2. Required Documentation\* – an application is incomplete if all requested documentation is not provided.

\*Priority processing will be given to complete applications. All applications submitted to the Board that are not complete and processed within 6 months will be expired. Once expired, applicants who wish to continue with the application process must reapply by submitting a new application, along with all documentation, and all fees.

A. ☐ If you answer “YES” to any disciplinary questions, disciplinary actions, pending disciplinary actions and fully executed Board orders must be provided along with a detailed explanation.

B. ☐ Copy of active DEA registration

C. ☐ List of all Veterinarians with license number and list of all CET's with certification number

D. ☐ Completed Facility Attestation Form

C. ☐ All signatures

The undersigned hereby states that all the information contained in this application for registration is complete, true and correct, that they have read and are familiar with the applicable laws and rules of the Oregon Board of Pharmacy, and that such provisions of the law will be faithfully observed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title (Owner, Partner, Etc.)

\_\_\_\_\_  
Date

ALL RETURNED PAYMENTS WILL BE ASSESSED A \$35.00 RETURNED PAYMENT FEE  
PURSUANT TO ORS 30.701(5)