

APPLICATION FOR REGISTRATION

ANIMAL EUTHANASIA

(Expires December 31 Annually)

OREGON BOARD OF PHARMACY
800 NE OREGON STREET, SUITE 150
PORTLAND OR 97232
TELEPHONE: (971) 673-0001
www.pharmacy.state.or.us



FOR BOARD USE ONLY [0322] \$50.00
RECEIPT # \_\_\_\_\_
CHECK # \_\_\_\_\_
ENTERED BY \_\_\_\_\_

ANIMAL EUTHANASIA

FEE \$50.00
ALL FEES ARE NON REFUNDABLE

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 of sodium pentobarbital to euthanize animals.

- [ ] New Outlet Start Date \_\_\_\_\_
[ ] Owner Change Date Effective \_\_\_\_\_ Former license number \_\_\_\_\_
[ ] Location Change Date Effective \_\_\_\_\_ Former license number \_\_\_\_\_

A change of ownership or location requires the submission of a new application and registration fee within 15 days. Please check the appropriate box regarding application status: [ ] Name change only - (no fee required)

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

Facility Name \_\_\_\_\_
Location Address \_\_\_\_\_
Phone Number ( ) - FAX # ( ) -
City, State, Zip \_\_\_\_\_
License & Renewal Mailing Address \_\_\_\_\_
City, State, Zip \_\_\_\_\_
Contact Person \_\_\_\_\_ Title \_\_\_\_\_ Contact Phone \_\_\_\_\_
Federal Tax ID # \_\_\_\_\_ Email Address: \_\_\_\_\_
Hours/days facility is open: \_\_\_\_\_ AM to \_\_\_\_\_ PM \_\_\_\_\_ Through \_\_\_\_\_

DRUG SCHEDULES: CLASS II AND III PENTOBARBITAL SODIUM ONLY

ALL APPLICANTS MUST ANSWER THE FOLLOWING:

- 1. Are you currently registered to manufacture, distribute or otherwise handle the controlled substances in the schedules for which you are applying under the laws of the Federal Government? [ ] YES [ ] NO

CURRENT DEA NUMBER \_\_\_\_\_

- 2. Has the applicant been convicted of a felony in connection with controlled substances under state or federal law? [ ] YES [ ] NO
3. 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? [ ] YES [ ] NO
4. Has the applicant ever surrendered a previous Federal Controlled Substances Registration (FCSA) or had a FCSA Registration revoked, suspended or denied? [ ] YES [ ] NO
5. 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? [ ] YES [ ] NO

IF THE ANSWER IS YES TO ANY OF QUESTIONS 2 THROUGH 5, ATTACH A LETTER SETTING FORTH THE CIRCUMSTANCES.

Applicant's Signature and Title \_\_\_\_\_ Date \_\_\_\_\_

MAIL THIS APPLICATION WITH REQUIRED DOCUMENTS, AND FEES, PAYABLE TO THE OREGON BOARD OF PHARMACY
ALL RETURNED CHECKS WILL BE ASSESSED A \$35.00 RETURNED CHECK FEE PURSUANT TO ORS 30.701(5)