

Quarterly Controlled Substance Inventory Form for Incorporated Societies and Municipal Animal Control Facilities

Title 10 of New York State Rules and Regulations Part 80.134(k) states: "Quarterly reports. **Within 10 days of the end of each quarter of each year**, the society or facility shall submit a report to the department signed by an officer or official and the agent and include..." (the information requested by this form).

Facility Name _____
 Facility Address _____ City _____
 State _____ Zip _____ County _____ Telephone Number _____
 Agent's Telephone Number _____ Agent's E-mail Address _____
 NYS DOH BNE Registration Number _____ DEA Number _____

This report must be received at BNE within 10 days of the end of each quarter or licensee may be subject to a fine.

Quarter Ending on: March 31 June 30 September 30 December 31 **of year** _____

Check box for correct quarter

CONTROLLED SUBSTANCE	Sodium Pentobarbital (CII)	Premixed Solution Sodium Pentobarbital (CIII)	Ketamine Hydrochloride (CIII)
Last Quarter Ending Amount on Hand (ml)			
Add total Amount Received (ml)			
Subtract total Amount Utilized (ml)			
Subtract total Amount Destroyed/Wasted (ml)			
*Subtract total Amount Lost (ml)			
Ending Amount on Hand			
# of Dogs Euthanized: _____ # of Cats Euthanized: _____ # Other Species Euthanized (specify): _____			
* Form DOH-2094 must accompany this quarterly report if there is any loss of controlled substances			

To be completed by the registered agent: I certify that on ____/____/____ I conducted a physical inventory on the controlled substances listed above. Any loss has been noted.

I affirm that all information contained on this form is true and correct and that I will abide by all laws and regulations pertinent to controlled substances.

Signature of Agent _____ Signature of Chief Official of Society or Municipality _____

Print Name _____ Print Name _____

Date _____ Date _____

Submit completed forms to:

E-mail documents to:
bnlicensing@health.ny.gov

Fax documents to:
518-402-0709

Or mail, only if necessary to:
**Bureau of Narcotic Enforcement
 Riverview Center
 150 Broadway
 Albany, NY 12204**