

Title 10 of New York State Rules and Regulations Part 80.134(f) sets forth the requirements for registration and certification of individuals to administer solution for euthanasia of animals. Information on this form must be typed, printed, or filled-in using Adobe Acrobat.

**Applicant**

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Home Address**

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ County of Residence: \_\_\_\_\_

**College (if no college degree, you must submit documentation of 2-years' experience in animal care including euthanasia of animals)**

Degree Type: \_\_\_\_\_ Major: \_\_\_\_\_ Date Received: \_\_\_\_\_

College Name: \_\_\_\_\_

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

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

*Certified copy of college transcript must accompany this application*

**Applicant Affirmation**

**Check appropriate box:**

Have you been convicted of a felony relating to controlled substances?  YES  NO

**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. False statements made herein are punishable as a Class A misdemeanor, pursuant to section 210.45 of the Penal Law.**

Applicant's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**OFFICAL USE**

Approved by: \_\_\_\_\_

Denied by: \_\_\_\_\_

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

**Certification of Experience/Training**

Title 10 of New York State Rules and Regulations Part 80.134(f) sets forth the requirements for registration and certification of individuals to administer solution for euthanasia of animals. Part 80.134(f)(2)(iii) requires written certification from two licensed veterinarians or one licensed veterinarian and one licensed animal health technician state they have observed the proficient use, by the applicant, of injections for the euthanasia of animals.

**First Attestation**

I, \_\_\_\_\_ attest that \_\_\_\_\_  
*Print first and last name* *Print applicants first and last name*

has received proficient training in the use of injections for the euthanasia of animals. I affirm that I am licensed in New York State as a Veterinarian and my NYSED license number is \_\_\_\_\_

**Second Attestation**

I, \_\_\_\_\_ attest that \_\_\_\_\_  
*Print first and last name* *Print applicants first and last name*

has received proficient training in the use of injections for the euthanasia of animals. I affirm that I am licensed in New York State as a  
 Veterinarian or  Veterinarian Technician and my NYSED license number is \_\_\_\_\_  
*Check appropriate one*

This section is to be completed by the Chief Official or Head Supervisor of the Incorporated Society for the Prevention of Cruelty to Animals (SPCA) or Municipal Animal Control Facility who is currently employing the applicant list on page one.

I, \_\_\_\_\_ attest that \_\_\_\_\_  
*Print Chief Official's first and last name* *Print applicant's first and last name*

is currently employed by the \_\_\_\_\_,  
*Print registered Society or Facility name as it appears on BNE Registration*

BNE Facility Registration#: \_\_\_\_\_ as a \_\_\_\_\_, began employment on \_\_\_\_\_  
*Print job title*

Business Street Address: \_\_\_\_\_

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

Chief Official's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**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**