

Application for Registration of an Incorporated Society or Municipal Animal Control Facility to Euthanize Animals

Title 10 of New York State Rules and Regulations Part 80.134 sets forth the requirements for authorization to purchase, possess, and dispense controlled substances to euthanize animals. Information on this form must be typed, printed, or filled-in using Adobe Acrobat.

Facility Information

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ County: _____

Chief Official's First Name: _____ Last Name: _____

Telephone Number: _____ Email Address: _____

Current BNE License#: _____

Primary CS Agent's Information *(DOH-5273 for each CS Agent must accompany this form when submitted)*

Name: _____

Home Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email Address: _____

Suppliers of Controlled Substances *(Use additional pages if more than 3)*

1. Company Name: _____ NYS Distributor License #: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

2. Company Name: _____ NYS Distributor License #: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

3. Company Name: _____ NYS Distributor License #: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

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List all Veterinarians and Euthanasia Technicians to whom you dispense controlled substances to for the purpose of euthanasia of animals (use additional addendum pages if necessary)

Individual's Name: _____

NYSED Vet. License # OR BNE Euth. Tech. #: _____ Expiration Date: _____

1. _____

2. _____

3. _____

Describe the type and location of security used for controlled substances (include brand names and model number where appropriate) (use additional addendum pages if necessary)

CS Agent Affirmation Check the appropriate box for each question below:

- | | | |
|--|------------------------------|-----------------------------|
| Have you been convicted of a felony relating to controlled substances? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you been convicted of a felony relating to violent felonies? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you been convicted of a felony relating to theft? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you been convicted of a misdemeanor relating to controlled substances? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you been convicted under the Agriculture and Markets Law relating to the treatment of animals? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you ever been found to be in violation of Article 33 of the Public Health Law or provisions of Part 80.134? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you been suspended, revoked or denied application by the Federal Drug Enforcement Agency? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you been found to have failed to provide adequate safeguards against diversion of a controlled substance? | <input type="checkbox"/> YES | <input type="checkbox"/> 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

Signature of CS Agent: _____ Date: _____

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.

Signature of Chief Official of Society or Municipality: _____ Date: _____

Submit completed forms to:

E-mail documents to:
narcotic@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**