



APPLICATION FOR REGISTRATION ANIMAL EUTHANASIA

(Expires December 31 Annually)

APPLICATION REQUIREMENTS:

- \$75.00 application or owner/location change fee** - All fees are nonrefundable.
- 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.

An application is not complete until all items have been received and are in compliance with Oregon Laws and Rules.

***Priority processing will be given to complete applications.** All applications submitted to the Board that are not complete and processed within 6 months from applicant signature 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
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. We will process your registration when we have received all required paperwork and fee(s). 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.
5. Each company or location address, even if under common ownership, must submit a separate application for registration.
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 nonrefundable.**

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.

8. **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



FOR BOARD USE ONLY [0322] \$ 75.00 [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: \$ 75.00

Fee: \$ 25.00

TOTAL ENCLOSED:
ALL FEES ARE NONREFUNDABLE

Type of Application - Check all that apply:
New Facility Application - Start / Effective Date:
Change of Ownership or Location Change - Effective Date of Change:
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:
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:

<p>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?</p> <p>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.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. Before purchasing a drug from any distributor, do you verify that the vendor is legally authorized to sell the drug?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>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?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>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?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>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?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>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?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>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?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>IF THE ANSWER IS YES TO ANY OF QUESTIONS 2 THROUGH 5, YOU MUST ATTACH A LETTER SETTING FORTH THE CIRCUMSTANCES.</p>	
<p>CURRENT FEDERAL REGISTRATION NUMBER _____ (You must submit a copy of your DEA registration along with this application.)</p>	

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 at least one of the following: CEO, President, Owner, or Members of LLC and Registered Agent, .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 _____

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:

License or Certification Number:

FINAL CHECKLIST:	
1.	Appropriate Fee Included? <input type="checkbox"/> \$75.00 application or owner/location change fee <input type="checkbox"/> \$75.00 renewal fee* *Only applicable if application is postmarked in the renewal period of November 1 through December 31 annually. 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 from applicant signature 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.	<input type="checkbox"/> 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.	<input type="checkbox"/> List of all Veterinarians with license number and list of all CET’s with certification number
C.	<input type="checkbox"/> 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)