



## **Drug Animal Control/Humane Society Registration Application Packet**

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### **In order to process your request:**

**Mail your application with initial documentation and your check sent or money order payable to:**

Department of Health  
PO Box 1099  
Olympia, WA 98507-1099

**Send other documents not with initial application to:**

Pharmacy Board Credentialing  
PO Box 47877  
Olympia, WA 98504-7877

### **Contact us:**

360.236.4700

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## Application Instructions Checklist

Indicate type of application—new, change of ownership, or amended.

- **New**—First time requesting a drug animal/humane society registration. Consult fee schedule for fee amount required.
- **Change of Ownership**—When name of legal owner/operator changes resulting from the sale or change in business structure of the registered agency.
- **Change of Location**—Changing the location address. Be sure to include your current license number.
- **Name Change Only**—Changing the name of your drug animal/humane society registration. Be sure to list your current facility name.

**Check One:**

Please check your legal owner/operator business structure type according to your Washington State Master Business License.

**Application Fee:**

You can check the [fee page](#) for current fees.

**1. Demographic Information:**

**Uniform Business Identifier Number (UBI #):** Enter your Washington State UBI #. All Washington State businesses must have UBI #'s. City, county, and state government departments also have UBI#'s.

**Federal ID Number (FEIN #):** Enter your Federal ID Number, if the business has been issued one.

**Legal Owner/Operator Name:** Enter the owner's name as it appears on the UBI/ Master Business License.

**Mailing Address:** Enter the owner's complete mailing address.

**Phone and Fax Numbers:** Enter the owner's phone and fax number.

**Email and Web Address:** Enter the owner's email and agency Web addresses, if applicable.

**Facility/Agency Name:** Enter the agency's name as advertised on signs, brochures or Web site.

**Physical Address:** Enter the agency's physical street location including city, state, zip and county.

**Phone and Fax Numbers:** Enter the agency's phone and fax number.

**Mailing Address:** Enter the agency's mailing address, if different than physical address.

**2. Facility Specific Information:**

Fill in:

**Type of Facility:**

**Drug Enforcement Administration Information:**

**Background Questions:** Check yes or no and if you check yes, list and explain on a separate sheet of paper

**3. Key Individuals:**

Enter name, title, phone number, fax number, and email address.

**4. Primary Registrant:**

Enter name and date of appointment.

**5. Additional Information:**

**Corporation information:** Enter date of incorporation, corporate number, and state of corporation.

**Legal Owner:** List the names, titles, addresses, and phone numbers of the corporate officers, partners, member, managers, etc. Attach additional sheet of paper as needed.

**Change of Ownership Information:** List the previous legal owner name, previous name of facility, previous license number, effective date of ownership change and physical address, if applicable.

**List of All Employees:** Authorized and trained to possess or administer approved drugs. The registrant is responsible for maintaining all records and submitting all reports required by applicable federal or state law or regulation. The registrant is also responsible for the ordering, possession, safe storage, and utilization of the sodium pentobarbital.

**Signature:**

Signature of legal owner or authorized representative.

Date signed.

Print name of legal owner or authorized representative.

Print title of legal owner or authorized representative.

**Requirement for Policies and Procedures:**

A copy of the written policies and procedures must be filed with the board at the time of initial application for registration as set in WAC 246-887-060 Sodium pentobarbital administration.

Date  
Stamp  
Here

Revenue: 0262010000

**Fee**

- Drug Animal Control/Humane Society Registration.  
Check the [fee page](#) for current fees.  
**All application fees are nonrefundable**

**Drug Animal Control/Humane Society Registration**

This is for:  New     Change of Ownership     Change of Location—Current License # \_\_\_\_\_  
 **Name Change Only (Duplicate [fee.](#))**—Current Facility Name \_\_\_\_\_

**Check One**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Association                   | <input type="checkbox"/> Limited Partnership    | <input type="checkbox"/> Sole Proprietor          |
| <input type="checkbox"/> Corporation                   | <input type="checkbox"/> Municipality (City)    | <input type="checkbox"/> State Government Agency  |
| <input type="checkbox"/> Federal Government Agency     | <input type="checkbox"/> Municipality (County)  | <input type="checkbox"/> Tribal Government Agency |
| <input type="checkbox"/> Limited Liability Company     | <input type="checkbox"/> Non-Profit Corporation | <input type="checkbox"/> Trust                    |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Partnership            |   |

**1. Demographic Information**

UBI #	Federal Tax ID (FEIN) #
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Legal Owner/Operator Name

Mailing Address

City	State	Zip Code	County
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Phone (enter 10 digit #)	Fax (enter 10 digit #)
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Email Address	Web Address:
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Facility/Agency Name (Business name as advertised on signs or Web site)

Physical Address

City	State	Zip Code	County
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Facility Phone (enter 10 digit #)	Fax (enter 10 digit #)
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Mailing Address (If different than physical address)

City	State	Zip Code	County
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## 2. Facility Specific Information

Type of Facility:  Animal Control  Humane Society

## Drug Enforcement Administration (DEA) Information

Drug Enforcement Administration (DEA) Registration Number \_\_\_\_\_

## Background Questions

Yes No

1. Have any applicants, partners, or managers had a suspension, revocation, or restriction of a professional license? .....    
If yes, list and explain on a separate sheet of paper.
2. Have any applicants, partners, or managers been found guilty of a drug or controlled substance violation? .....    
If yes, list and explain on a separate sheet of paper.

## 3. Key Individuals

### 1. Contact Person Name

Title

Telephone Number (enter 10 digit #)

Email Address

### 2. Contact Person Name

Title

Telephone Number (enter 10 digit #)

Email Address

## 4. Primary Registrant

Name

Date of Appointment

## 5. Additional Information

Date of Incorporation

Corporate Number

State of Corporation

## Legal Owner Information—attach additional sheets as needed

List names, addresses, phone numbers, and titles of corporate officers, partners, members, managers, etc.

Name	Address	Phone (10 digit #)	Title

## Change of Ownership Information

Previous Name of Legal Owner

Previous Name of Facility

Previous Pharmacy License #

Effective Date of Ownership Change

Physical Address

**List all Employees Authorized and Trained to Possess or Administer Approved Drugs** (Attach Additional Sheets if Needed)

Name	Title	Date Trained or Certified

**Signature**

I certify that I have received, read, understood, and agree to comply with state law and rule regulating this licensing category. I also certify that the information herein submitted is true to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Owner/Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Title

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## **RCW/WAC and Online Web Site Links**

### **RCW/WAC Links**

Uniform Disciplinary Act .....	<a href="#"><u>RCW 18.130</u></a>
Administrative Procedure Act .....	<a href="#"><u>RCW 34.05</u></a>
Administrative Procedures and requirements .....	<a href="#"><u>WAC 246-12</u></a>
Uniform Controlled Substances Act .....	<a href="#"><u>RCW 69.50.310</u></a>
Regulations Implementing the Uniform Controlled Substances Act .....	<a href="#"><u>WAC 246-863</u></a>
Animal Control—Legend Drugs.....	<a href="#"><u>WAC 246-886</u></a>

### **On-Line**

AIDS Training Resources .....	<a href="#"><u>Reference Page</u></a>
Pharmacy Board .....	<a href="#"><u>Web Page</u></a>