Drug Animal Control/Humane Society Sodium Pentobarbital—Animal Euthanasia Registration Application Packet

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In order to process your request:

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

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

Send other documents not sent with initial application to:

Pharmacy Quality Assurance
Commission Credentialing
PO Box 47877
Olympia, WA  98504-7877

Contact us:

360-236-4700
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This is an application for registering as a Humane Society or Animal Control Agency for authorization to purchase, possess, and administer sodium pentobarbital and other legend drugs approved by the Washington State Pharmacy Quality Assurance Commission for Animal euthanasia.

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 online 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 Information:
Type of Facility: Please check which type of Drug Animal Control/Humane Society you are applying for; Animal Control or Humane Society.

Drug Enforcement Administration (DEA) Registration Number: Enter the federal DEA registration number if dispensing controlled substances. Enter “pending” if the pharmacy has not been issued its DEA registration number.

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 of primary registrant 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 commission at the time of initial application for registration as set in WAC 246-886-020 Sodium pentobarbital administration.
### Drug Animal Control/Humane Society
Sodium Pentobarbital—Animal Euthanasia Registration

This is for:  
- [ ] New  
- [ ] Change of Ownership  
- [ ] Change of Location—Current License # ______________  
- [ ] Name Change Only (Duplicate fee)—Current Facility Name _________________________________

#### Check One
- [ ] Association  
- [ ] Corporation  
- [ ] Federal Government Agency  
- [ ] Limited Liability Company  
- [ ] Limited Liability Partnership  
- [ ] Municipalities (City)  
- [ ] Municipalities (County)  
- [ ] Non-Profit Corporation  
- [ ] Partnership  
- [ ] Sole Proprietor  
- [ ] State Government Agency  
- [ ] Tribal Government Agency  
- [ ] Trust

### 1. Demographic Information

<table>
<thead>
<tr>
<th>UBI #</th>
<th>Federal Tax ID (FEIN) #</th>
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Legal Owner/Operator Name

Mailing Address

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>County</th>
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Phone (enter 10 digit #)   
Fax (enter 10 digit #)

Email Address   
Web Address:  

Facility/Agency Name (Business name as advertised on signs or Web site)

Physical Address

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>County</th>
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</thead>
</table>

Facility Phone (enter 10 digit #)   
Fax (enter 10 digit #)

Mailing Address (If different than physical address)

<table>
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<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>County</th>
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For Office Use Only

License #   
Issue Date

Revenue: 0262010000

Check the online fee page for current fees. All application fees are nonrefundable.
### 2. Facility Specific Information

**Type of Facility:**
- [ ] Animal Control
- [ ] Humane Society

**Drug Enforcement Administration (DEA) Information**

Drug Enforcement Administration (DEA) Registration Number

#### Background Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tr>
<td>1. Have any applicants, partners, or managers had a suspension, revocation, or restriction of a professional license?</td>
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<td>If yes, list and explain on a separate sheet of paper.</td>
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<td>2. Have any applicants, partners, or managers been found guilty of a drug or controlled substance violation?</td>
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<td>If yes, list and explain on a separate sheet of paper.</td>
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### 3. Key Individuals

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<th>Contact Person Name</th>
<th>Title</th>
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<th>Telephone Number (enter 10 digit #)</th>
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<th>Contact Person Name</th>
<th>Title</th>
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### 4. Primary Registrant

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<tr>
<th>Name</th>
<th>Date of Appointment</th>
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### 5. Additional Information

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<th>Date of Incorporation</th>
<th>Corporate Number</th>
<th>State of Corporation</th>
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#### Legal Owner Information

Attach additional sheets as needed.

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<th>Name</th>
<th>Address</th>
<th>Phone (10 digit #)</th>
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#### Change of Ownership Information

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<tr>
<th>Previous Name of Legal Owner</th>
<th>Previous Name of Facility</th>
<th>Previous Facility Registration #</th>
<th>Effective Date of Ownership Change</th>
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<th>Physical Address</th>
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List all Employees Authorized and Trained to Possess or Administer Approved Drugs  (Attach additional completed pages if you need more space.)

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<th>Name</th>
<th>Title</th>
<th>Date Trained or Certified (mm/dd/yyyy)</th>
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**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 (mm/dd/yyyy)

_________________________________________________________  ________________________
Print Name  Print Title
(This page intentionally left blank.)
RCW/WAC and Online Web Site Links

RCW/WAC Links
Uniform Disciplinary Act .......................................................... RCW 18.130
Administrative Procedure Act .................................................. RCW 34.05
Administrative Procedures and requirements .......................... WAC 246-12
Uniform Controlled Substances Act ........................................... RCW 69.50.310
Regulations Implementing the Uniform Controlled Substances Act .................................................. WAC 246-887
Animal Control—Legend Drugs ............................................... WAC 246-886

On-Line
AIDS Training Resources ........................................................ Reference Page
Pharmacy Quality Assurance Commission ................................. Web Page