



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

Contents:

1. 690-187 ... Content List/Mailing Information..... 1 Page
2. 690-188 ... Application Instructions Checklist..... 2 Pages
3. 690-189 ... Drug Animal Control/Humane Society Sodium Pentobarbital—Animal Euthanasia Registration Application..... 3 Pages
4. RCW/WAC and Online Web Site Links 1 Page

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

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

(This page intentionally left blank.)

Application Instructions Checklist

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 246-945-254](#) Sodium pentobarbital administration.

Date
Stamp
Here

Fee
<input type="checkbox"/> Drug Animal Control/Humane Society Registration.
Check the online fee page for current fees.
All application fees are nonrefundable

Revenue: 0262010000

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		
<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) #		
Legal Owner/Operator Name			
Mailing Address			
City	State	Zip Code	County
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			
City	State	Zip Code	County
Facility Phone (enter 10 digit #)		Fax (enter 10 digit #)	
Mailing Address (If different than physical address)			
City	State	Zip Code	County

For Office Use Only	
License # _____	Issue Date _____

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

Contact Person Name	Title
Telephone Number (enter 10 digit #)	Email Address
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 Facility Registration #	Effective Date of Ownership Change
Physical Address		

List all Employees Authorized and Trained to Possess or Administer Approved Drugs (Attach additional completed pages if you need more space.)

Name	Title	Date Trained or Certified (mm/dd/yyyy)

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	<u>RCW 18.130</u>
Administrative Procedure Act	<u>RCW 34.05</u>
Administrative Procedures and requirements	<u>WAC 246-12</u>
Uniform Controlled Substances Act	<u>RCW 69.50.310</u>
Regulations Implementing the Uniform Controlled Substances Act	<u>WAC 246-945-040</u>
Humane Societies and Animal Control—Approved Legend Drugs and Approved Controlled Substance	<u>WAC 246-945-505</u>

Online

Pharmacy Quality Assurance Commission	<u>Web Page</u>
---	---------------------------------