

ALABAMA STATE BOARD OF VETERINARY MEDICAL EXAMINERS 8 COMMERCE STREET – SUITE 910 MONTGOMERY AL 36130-5330 (334) 262-8068 (334) 262-8716 (fax)

Paperclip a Photo of Facility To Application

APPLICATION FOR REGISTERED ANIMAL EUTHANASIA FACILITY (RAEF)

• Complete each section fully. DO NOT LEAVE BLANKS.

If a section does not apply to you, indicate "Does Not Apply or N/A".

- Use a separate sheet of paper to respond to any questions for which more space is needed.
 - Make sure application form is complete, signed, dated and notarized.
 - A photograph of the facility must be submitted with application.
 - Remit fee(s) by check or money order made payable to the

"Alabama State Board of Veterinary Medical Examiners" or ASBVME. (<u>Do not send cash</u>)

ALL INFORMATION MUST BE TYPED OR PRINTED (ILLEGIBLE APPLICATIONS WILL BE RETURNED)

APPLICATION FEE must be submitted with application. \$300.00

Street/PO Box City State Zip code FACILITY PHONE: Area code Telephone FAX: Area code Telephone DATE ESTABLISHED: Name & Title of Social Security #: Executive Officer or Manager: If facility is run by a governmental body, please list the name of that body: Does facility utilize a Carbon Monoxide Chamber? Yes \Box \Box \Box \Box \Box \Box \Box \Box	NAME OF FACILITY:				. ,		3.41	1 11
Street/PO Box City State Zip code FACILITY PHYSICAL ADDRESS: if different from mailing address) Street/PO Box City State Zip code FACILITY PHONE: Area code FACILITY PHONE: Area code Telephone FEDERAL ID NUMBER: DATE ESTABLISHED: Name & Title of Executive Officer or Manager: If facility is run by a governmental body, please list the name of that body: Does facility utilize a Carbon Monoxide Chamber? Yes \Box No \Box five Chamber & Personnel Certification Information! CURRENT STAFF VETERINARIAN OR CONSULTANT: ADDRESS: Street/PO Box City State Zip code		Last	t	F	ırst		M	iddle
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The street/PO Box If Yes, give Chamber & Personnel Certification Information! Output City State Zip code	nease list the name of tha	ii body.						
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OR CONSULTANT: ADDRESS: Street/PO Box City State Zip code				If Yes, giv	e Chamber	& Perso	onnel Certification	on Information!
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Street/PO Box City State Zip code	ADDRESS:							
BUSINESS PHONE: () FAX: ()		Street	t/PO Box		City		State	Zip code
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1	List all	Employees	currently	working at	this facility
1.	List an	Employees	currenuv	WOLKING AL	. uns racinty

Name of Employee	Position/Title	Certificate/License Number	How Long Employed
2. Has facility or any employees ever he Facility or Technician revoked, suspended If "yes", explain fully on a separate sheet of paper 3. Has facility personnel ever violated or but f "yes" to any question, explain fully on a separate a. Failing to carry out assigned duties?	d, or denied? or and attach to applicate een subject to any	ation form. grounds for denial of Cert	□ No □ Yes
b. Employing the use of fraud, misrepresenta	-	•	?
c. Performing duties of humanely restraining incompetent or negligent manner?	g, capturing, or euth	anizing animals in an	☐ No ☐ Yes
d. Performing acts of cruelty upon animals?			☐ No ☐ Yes
e. Violating any rules of professional conduc	□ No □ Yes		
i. Aiding or abetting anyone in any of the inc	cidences described i	n a. through e. above'?	∐ No ∐ Yes
4. Is facility currently utilizing a method employees who may use or abuse alcohol, If "no", explain fully on a separate sheet of paper	prescription drugs	or controlled substances?	isist No Yes
5. All facility personnel have received, re Practice Act and its Administrative Coc Technicians?			
Name and Title of Contact Person:			
Signature:		Dat	e:
Social Security Number (for the Director of t	the RAEF)		-

Before me, a Notary Public, duly commissioned and qualified in the above State and County personally came and appeared the applicant indicated hereinabove who, after being duly sworn (affirmed), did depose and state:
"I, the above named applicant, subscribe and swear before the below notary that all answers indicated on this application for certification are true and correct in substance and in fact to the best of my knowledge."
Full, true and correct signature of applicant
Sworn to and subscribed before me this day of, 20
Signature of Notary Public with seal

County of _____

Mail completed application packet with fees to:

State of _____

ALABAMA STATE BOARD OF VETERINARY MEDICAL EXAMINERS 8 COMMERCE STREET – SUITE 910 MONTGOMERY AL 36130-5330 (334) 262-8068

ALABAMA STATE CONTROLLED SUBSTANCE # AL License #: NAME: **MAILING ADDRESS:** REGISTERED ALABAMA LOCATION ADDRESS OF DEA & SCSR (if different from mailing): PLEASE ANSWER THE FOLLOWING: Have you been issued a Federal Bureau of Narcotics and Dangerous Drugs Number 1. No \square (DEA#)? Yes Pending If yes, give **DEA** # and **Expiration Date**: (Note: If DEA# pending, Forward DEA# and expiration date immediately upon issue.) 2. Do you keep current records and maintain inventories of controlled substances in conformity with the record keeping and inventory requirements of State and Federal Law? Yes No | Are you in compliance with Federal, State, and/or any local laws relating to controlled 3. substances? Yes No Have you ever been convicted under any Federal or State Laws relating to controlled 4. substances? Yes No If your answer to Question #4 is "Yes", explain below with date of conviction and the nature of charge and punishment received. (Attach additional paper if necessary)

Have you ever had your Federal Registration to distribute or dispense controlled

If your answer to Question #5 is "Yes", explain below with date of conviction and the nature of charge and

substances as authorized by Federal Law revoked or suspended? Yes No

punishment received. (Attach additional paper is necessary)

5.

6. Have you been voluthe past ten years? Yes		y treated for alcohol or substance abuse i
If your answer to Question (Attach additional paper is r	<u> </u>	below with dates and nature of treatmen
the purpose of inducing the the undersigned a State Con Federal Registration Num Controlled Substance Regis	Alabama State Board on trolled Substance Register is denied, inactivated in tration Number will be	stions are true and correct and are given for Veterinary Medical Examiners to issue to gistration Number. I understand that if movated, revoked or suspended, my State placed in similar status and privileges to scontrolled substances will cease.
Done this	day of	, 20
	Applio	cant's Legal Signature
	Soci	ial Security Number

Attach your check in the amount of \$25.00 payable to:

Alabama State Board of Veterinary Medical Examiners (ASBVME) 8 COMMERCE STREET – SUITE 910 MONTGOMERY, AL 36130-5330 334-262-8068