

MONTANA BOARD OF VETERINARY MEDICINE
PO BOX 200513
301 S PARK, 4TH FLOOR
Helena, MT 59620-0512
Licensing Phone: 406-444-5711
Email: UnitB@mt.gov Website: www.vet.mt.gov

CERTIFIED EUTHANASIA AGENCY LICENSE APPLICATION

I am applying for licensure as:

certified euthanasia agency – \$350 (\$150 application fee, \$200 inspection fee)

SECTION 1 – This section is for the business entity information.

1. TYPE OF BUSINESS ENTITY (as per [37-18-602, MCA](#)):

Law Enforcement

Public or Private Animal Control Agency

Humane Society

2. BUSINESS NAME: _____

3. LIST ANY DBA: _____

4. BUSINESS ADDRESS: _____

6. BUSINESS EMAIL ADDRESS: _____

7. TELEPHONE: _____
Business Home Cell

8. TAX ID NUMBER: _____

SECTION 2 – This section is for information regarding the person who is the licensed certified euthanasia technician, per ARM [24.225.920\(2\)\(d\)](#): "...[who] is responsible for all aspects of euthanasia at the agency".

9. FULL NAME: _____
First Middle Last

10. OTHER NAME(S) KNOWN BY: _____

11. MAILING ADDRESS: _____

12. EMAIL ADDRESS: _____

13. TELEPHONE: _____

14. License Number: _____

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|---|-----|----|
| 6. Has a licensing agency initiated or completed disciplinary action against any professional or occupational license you have held? If yes, please provide agency documents including the complaint, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements directly from the source. | Yes | No |
| 7. Have you ever voluntarily surrendered, cancelled, forfeited, failed to renew a professional or occupational license in anticipation of or during an investigation or disciplinary proceeding or action? If yes, please attach a detailed explanation and provide supporting documentation from the source. | Yes | No |
| 8. Is there a pending complaint against you with a professional or occupational licensing agency? If yes, please attach a detailed explanation and provide supporting documentation from the source. | Yes | No |
| 9. Have you ever been the subject of any sanction or action, denial, suspension, revocation, restriction or termination regarding hospital, facility or staff privileges; health maintenance organization participation, third party provider or Medicare/Medicaid participation; or any other privileges? If yes, please attach a detailed explanation and provide supporting documentation from the source. | Yes | No |
| 10. Have you ever been censured, expelled, denied membership or asked to resign from a professional organization related to your profession or occupation? If yes, please attach a detailed explanation and provide documentation from the source. | Yes | No |
| 11. Have you ever been the subject of any sanction or action, denial, suspension, revocation, restriction or termination regarding your ability to prescribe, dispense or administer drugs including controlled substances? If yes, please attach a detailed explanation and provide documentation from the source. | Yes | No |
| 12. Do you have any initiated or completed action against you by any state, federal, tribal, or foreign licensing jurisdiction? (For example: Drug Enforcement Agency; Alcohol, Tobacco and Firearms; Homeland Security; Indian Health Service, etc) If yes, please attach a detailed explanation and provide documentation from the source. | Yes | No |
| 13. Have any civil legal proceedings been filed against you by a (patient /client), (former patient/client) or employer/employee? If yes, attach a detailed explanation and documentation from the source including initiating document(s) and documentation of final disposition. | Yes | No |
| 14. Have you ever been convicted of a misdemeanor or felony crime or do you have a pending criminal charge? "Convicted" for the purposes of this question includes a conviction under appeal, guilty plea, no contest plea, and/or forfeiture of bond. "A pending criminal charge" for the purpose of this question includes a deferred imposition of sentence and/or deferred prosecution. If you answer yes, you must submit a detailed explanation of the events AND the charging documents and final judgments or orders of dismissal. You must report but may omit documentation for: (1) misdemeanor traffic violations older than 10 years and that resulted in fines of less than \$200; and (2) convictions prior to your 18th birthday unless you were tried as an adult. | Yes | No |
| 15. Have you ever been diagnosed with chemical dependency or another addiction, or have you participated in a chemical dependency or other addiction treatment program? If yes, please attach a detailed explanation and provide documentation regarding evaluations, diagnosis, treatment recommendations and monitoring from the source. | Yes | No |
| 16. Have you been diagnosed within the past 5 years with a physical condition or mental health disorder involving potential health risk to the public? If yes | Yes | No |

please provide a detailed explanation.

- 17. Have you ever been court-martialled or discharged other than honorably from any branch of the armed service? If yes, attach a detailed explanation and documentation from the source. Yes No

DECLARATION

I authorize the release of information concerning my education, training record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Veterinary Medicine. I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds.

I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

Legal Signature of Business Agent

Date

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CERTIFIED EUTHANASIA AGENCY
POWER OF ATTORNEY FOR DEA ORDER

Instructions

This form must be completed and submitted as part of the application for licensure as a certified euthanasia agency.

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1. BUSINESS NAME (i.e. euthanasia agency): _____
 2. LIST ANY DBA: _____
 3. BUSINESS ADDRESS: _____
 4. BUSINESS EMAIL ADDRESS: _____
 5. TELEPHONE: _____
Business Cell
 6. DEA REGISTRATION NUMBER: _____

I, _____, (name of person granting power), the undersigned, who is authorized to sign the current application for registration of the above-named registrant under the Controlled Substances Act or Controlled Substances Import and Export Act, have made, constituted, and appointed, and by these presents, do make, constitute, and appoint _____ (name of attorney-in-fact), my true and lawful attorney for me in my name, place, and stead, to execute applications for books of official order forms and to sign such order forms in requisition for Schedule I and II controlled substances, in accordance with section 308 of the Controlled Substances Act (21 U.S.C. 828) and part 1305 of Title 21 of the Code of Federal Regulations. I hereby ratify and confirm all that said attorney shall lawfully do or cause to be done by virtue hereof.

Signature of Person Granting Power

Witness

I, _____(name of attorney-in-fact), hereby affirm that I am the person named herein as attorney-in-fact and that the signature affixed hereto is my signature.

Signature of Attorney-in-Fact

Witness

Signed and dated on the _____ day of _____, _____.