

MONTANA BOARD OF VETERINARY MEDICINE
PO BOX 200513
301 S PARK, 4TH FLOOR
Helena, MT 59620-0513
Licensing Phone: 406-444-6880
Email: dlibsdhelp@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: _____

**PERSONAL HISTORY QUESTIONS
IMPORTANT INSTRUCTIONS AND NOTICE**

1. Please read the following questions carefully. Giving an incomplete or false answer is unprofessional conduct and may result in denial of your application or revocation of your license. See, 37-1-105, MCA.
2. You have a continuing duty to update the information you provide in your application and supplemental responses, including while your application is pending and after you are granted a license.
3. Upon submittal of your application form, for every "yes" answer provided, you will receive a request for specific information or documents associated with the question. Your application is not complete until staff receive all information requested.

PERSONAL HISTORY QUESTIONS

- | | | |
|---|-----|----|
| 1. Have you ever had any license, certificate, registration, or other privilege to serve as a volunteer or practice a profession denied, revoked, suspended, or restricted by a public or private local, state, federal, tribal, religious, or foreign authority? | Yes | No |
| 2. Have you ever surrendered a credential like those listed in number 1, in connection with or to avoid action by a public or private local, state, federal, tribal, religious, or foreign authority? | Yes | No |
| 3. Have you ever resigned to avoid discipline, been suspended, or been terminated from a volunteer or employment position? | Yes | No |
| 4. Have you ever been required to participate in a behavioral modification or assistance program in lieu of suspension or termination from a volunteer or employment position? | Yes | No |
| 5. Have you ever withdrawn an application for any professional license? | Yes | No |
| 6. As of the date of this application, are you aware of any pending complaint, investigation, or disciplinary action related to any professional license you hold? | Yes | No |
| 7. Are you under a current order that remains unsatisfied (e.g., fines unpaid, probation not concluded, conditions unmet?) | Yes | No |
| 8. Do you have any medical, physiological, mental, or psychological condition which in any way currently (within the last 6 months) impairs or limits your ability to practice your profession or occupation with reasonable skill and safety? | Yes | No |
| 9. Do you currently (within the last 6 months) use one or more chemical substances in any way which impairs or limits your ability to practice your profession or occupation with reasonable skill and safety? | Yes | No |

The following information is provided for Question 10 below:

A criminal conviction may not automatically bar you from receiving a license. For more information about how a criminal conviction may impact your application, consult the board or program website.

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|---|-----|----|
| 10. Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or sentence deferred or suspended as an adult or "juvenile convicted as an adult" in any state, federal, tribal, or foreign jurisdiction? | Yes | No |
|---|-----|----|

- | | | |
|--|-----|----|
| 11. Are you now subject to criminal prosecution or pending criminal charges? | Yes | No |
| 12. Have you ever been disciplined, censured, expelled, denied membership or asked to resign from a professional society or organization? | Yes | No |
| 13. Have you ever had a civil judgment entered against you in a lawsuit for incompetence, negligence, or malpractice in practicing any profession? | Yes | No |
| 14. Have you ever been disqualified from working with children, elderly persons, mentally ill persons, or other vulnerable persons? | Yes | No |
| 15. Have you ever been placed on probation, restricted, reprimanded, suspended, revoked, resigned in lieu of action against you, or had other action taken against you by any hospital, clinic, health care facility, group medical practice, health maintenance organization, or third-party insurance provider, including Medicare and Medicaid? | Yes | No |
| 16. Are you currently on an exclusion list by the Office of Inspector General (OIG) for the U.S. Department of Health and Human Services prohibiting you from working in a facility receiving federal funding? | Yes | No |
| 17. Has your authority to prescribe, dispense, or administer drugs, including controlled substances, ever been denied, restricted, suspended, or revoked? | Yes | No |
| 18. Have you ever voluntarily surrendered or had your U.S. Drug Enforcement Administration registration placed on probation, restricted, suspended, or revoked? | Yes | No |

**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 _____, _____.

4.	Lighting in the euthanasia area is bright and even?	Yes	No
5.	Euthanasia area is adequately ventilated?	Yes	No
6.	Floor of euthanasia area provides for dry, non-slip footing?	Yes	No
7.	Area has table or work area for handling animals during euthanasia?	Yes	No
8.	Area has cabinet, table, or workbench for placement of equipment?	Yes	No
9.	Agency has DEA approved drug storage?	Yes	No
10.	Temperature and environment in storage cabinet adequate to assure proper keeping of approved euthanasia drugs?	Yes	No

Materials Required

1.	Needles - Medical Quality 22g, 20g, 18g, lengths 5/8" - 1 1/2"?	Yes	No
2.	Syringes 3cc, 6cc, 12cc, 20cc?	Yes	No
3.	First Aid Kit?	Yes	No
4.	Tourniquets?	Yes	No
5.	Electric Clippers – No. 40 Blade?	Yes	No
6.	Stethoscope?	Yes	No
7.	Humane Restraint Devices?	Yes	No
8.	Towels?	Yes	No
9.	Disinfectant?	Yes	No

Recordkeeping

1.	Is the agency registered with the DEA.? 21CFR1301.1	Yes	No
2.	Is the DEA Biennial Inventory current and available? 21CFR1304.11	Yes	No
3.	Is DEA. form 222 properly executed? 21CFR1305.06	Yes	No
4.	Are necessary Power of Attorney forms in place? 21CFR1305.07	Yes	No
5.	Are Schedule II records and restraint drug records filed separately in chronological order, by name and strength, for each order received ? 21CFR1304.04	Yes	No
	Records show: A. Date of Receipt?	Yes	No
	B. Source of Receipt?	Yes	No
	C. Invoice Number?	Yes	No
6.	Are Schedule II records and restraint drug records filed separately in chronological order, by name and strength, for each dose administered ? 21CFR1304.04	Yes	No
	Records show: A. Date?	Yes	No
	B. Species?	Yes	No
	C. Dosage Administered?	Yes	No
	D. CET or DVM who administered?	Yes	No
7.	Are euthanasia drug and restraint drug containers labeled with concentration and volume?	Yes	No
8.	Are controlled substance and restraint drug records maintained for 2 years? 21CFR1304.04	Yes	No
9.	Does agency maintain perpetual inventory on C-II drugs and restraint drugs?	Yes	No
10.	Is the perpetual inventory reconciled on a regular schedule?	Yes	No
11.	Have there been shortages or losses of controlled substances or restraint drugs in the past year?	Yes	No
12.	If so, was the loss reported to DEA and Board of Vet Med? CSA section 301 For restraint drugs report only to the Board of Veterinary Medicine.	Yes	No

If there are any violations noted on this report the euthanasia technician in charge must respond in writing to the Board of Veterinary Medicine office regarding all corrective action taken by the agency for all violations within 30 days. If a response is not received in the specified time frame the board's compliance specialist will file a complaint with the Board of Veterinary Medicine for possible disciplinary action during a regularly scheduled screening panel meeting. You will be notified in writing of the scheduled meeting date and be required to respond to the licensing violations.