



Tammy S. Wallace  
Executive Director

**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. (Do not send cash)**

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

**APPLICATION FEE** must be submitted with application. **\$ 300.00**

NAME OF FACILITY: \_\_\_\_\_  
Last First Middle

MAILING ADDRESS: \_\_\_\_\_  
Street/PO Box City State Zip code

FACILITY PHYSICAL ADDRESS: \_\_\_\_\_  
(if different from mailing address) Street/PO Box City State Zip code

FACILITY PHONE: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_  
Area code Telephone Area code Telephone

FEDERAL ID NUMBER: \_\_\_\_\_ DATE ESTABLISHED: \_\_\_\_\_

Name & Title of Executive Officer or Manager: \_\_\_\_\_ Social Security #: \_\_\_\_\_

If facility is run by a governmental body, please list the name of that body: \_\_\_\_\_

Does facility utilize a Carbon Monoxide Chamber? Yes  No   
*If Yes, give Chamber & Personnel Certification Information!*

CURRENT STAFF VETERINARIAN OR CONSULTANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street/PO Box City State Zip code

BUSINESS PHONE: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_  
Area code Telephone Area code Telephone



State of \_\_\_\_\_

County of \_\_\_\_\_

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

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Mail completed application  
packet with fees to:

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

ALABAMA STATE CONTROLLED SUBSTANCE # \_\_\_\_\_

NAME:	AL License #:
MAILING ADDRESS:	
<b>REGISTERED ALABAMA LOCATION ADDRESS OF DEA &amp; SCSR (if different from mailing):</b>	

**PLEASE ANSWER THE FOLLOWING:**

1. Have you been issued a Federal Bureau of Narcotics and Dangerous Drugs Number (DEA#)? Yes  No  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

3. Are you in compliance with Federal, State, and/or any local laws relating to controlled substances? Yes  No

4. Have you ever been convicted under any Federal or State Laws relating to controlled 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)

\_\_\_\_\_

\_\_\_\_\_

5. Have you ever had your Federal Registration to distribute or dispense controlled substances as authorized by Federal Law revoked or suspended? Yes  No

If your answer to Question #5 is "Yes", explain below with date of conviction and the nature of charge and punishment received. (Attach additional paper is necessary)

\_\_\_\_\_

\_\_\_\_\_

6. Have you been voluntarily or involuntarily treated for alcohol or substance abuse in the past ten years? Yes  No

If your answer to Question #6 is “Yes”, explain below with dates and nature of treatment. (Attach additional paper is necessary)

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I certify that the answers to the above questions are true and correct and are given for the purpose of inducing the Alabama State Board of Veterinary Medical Examiners to issue to the undersigned a State Controlled Substance Registration Number. I understand that if my Federal Registration Number is denied, inactivated, revoked or suspended, my State Controlled Substance Registration Number will be placed in similar status and privileges to dispense, administer, prescribe, maintain or possess controlled substances will cease.

Done this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

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Applicant’s Legal Signature

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Social 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  
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334-262-8068