

# INSTRUCTION SHEET

## Certified Euthanasia Agency

***In order for your application to be processed,  
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED  
with the application and required fee unless otherwise directed in the instructions.***

To apply for a Certified Euthanasia Agency license, read the following requirements and follow the instructions as they apply to your agency. The application which you submit is valid for 3 years from date of receipt. If you are issued a license, please be advised that it will expire on April 30 of even-numbered years.

## Requirements of a Euthanasia Agency

1. Euthanasia may only be performed in a certified agency by a certified euthanasia technician, a licensed veterinarian or an instructor during an approved course in humane euthanasia.
2. An Illinois Controlled Substance license issued by the Department of Financial and Professional Regulation and a Federal Drug Enforcement Administration (DEA) license is required to purchase, store and possess Schedule II and Schedule III (non-narcotic) drugs to euthanize animals.
3. The agency shall designate a person who is responsible for ordering the euthanasia drugs and who is responsible for the security of the agency's euthanasia drugs. A certified technician may only euthanize in a certified euthanasia agency or under the supervision of a licensed veterinarian. The technician may not personally possess, order or administer a controlled substance except as an agent of the euthanasia agency.
4. The agency shall notify the Department in writing within 30 days after termination of an euthanasia technician from the agency.
5. The agency shall notify the Department when the location of a facility is changing.
6. The agency shall comply with the requirements of the Illinois Food, Drug and Cosmetic Act, Federal Controlled Substances Act and the Illinois Controlled Substances Act.
7. The agency shall comply with the requirements for the handling and storage of drugs as listed in the Rules for the Administration of the Humane Euthanasia in Animal Shelters Act.
8. An agency shall be inspected by the Department prior to issuance of a controlled substances license. (A separate inspection fee is required.)

**NOTE:** A certified euthanasia agency is required to submit to the Department of Financial and Professional Regulation the number of dogs, cats, puppies, kittens and other species euthanized each calendar year by January 31 of the next year. The report shall also include the total amount of drugs used for the year and the amount of drugs wasted. This information is to be recorded on the supporting document Euthanasia and Controlled Substances Record and submitted to the Department.

## General Instructions

1. Complete the 1-page application. Type or print legibly with black ink only.
2. Submit proof of an active and unencumbered license under the Animal Welfare Act as an Animal Control Facility or an Animal Shelter from the Illinois Department of Agriculture <https://agr.illinois.gov/licenses.html>.
3. The required fee, made payable to the Department of Financial and Professional Regulation, must accompany this application. Mail application, fee, and documentation to:

Department of Financial and Professional Regulation  
ATTN: Division of Professional Regulation  
P.O. Box 7007  
Springfield, IL 62791

For assistance call the DPR Call Center at: 1-800-560-6420  
TTY: 1-866-325-4949

**Additional application forms can be downloaded from the IDFPR Web site at [idfpr.illinois.gov](http://idfpr.illinois.gov).**

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 510 ILCS 72/1 et. seg. (Illinois Compiled Statutes). Disclosure of this information is REQUIRED. Failure to provide any information will result in this form not being processed.		<b>FOR OFFICIAL USE ONLY</b>	
<b>CERTIFIED EUTHANASIA AGENCY</b>			
<input type="checkbox"/> New Agency <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Change of Location			
<b>PART I: Application Category Information</b>			
1. TYPE OF OWNERSHIP <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Government Owned		2. PROFESSION CODE <div style="text-align: center;"><b>2 2 8</b></div>	
		3. FEE(S) SUBMITTED <input type="checkbox"/> \$200 New Agency <input type="checkbox"/> \$50 Inspection fee for Controlled Substances <input type="checkbox"/> \$200 Change of Owner <input type="checkbox"/> \$200 Change of Location	
Type or print legibly with black ink only.			
<b>PART II: Agency Identifying Information</b>			
A. NAME OF AGENCY (As it is to appear on Certificate of Registration)		B. FEIN NUMBER OR IF SOLE PROPRIETORSHIP, SSN OR ITIN	
C. AGENCY ADDRESS (Include Street Address, City, State and ZIP Code)		D. ILLINOIS CONTROLLED SUBSTANCE LICENSE NUMBER <div style="text-align: center;"><b>328-</b></div>	
		E. TELEPHONE NUMBER (Include Area Code)	
G. DATE AGENCY WILL BE READY FOR INSPECTION		H. E-MAIL ADDRESS	
I. NAME OF EUTHANASIA TECHNICIAN OR VETERINARIAN		J. TECHNICIAN LICENSE NUMBER <div style="text-align: center;"><b>235-</b></div>	
<b>PART III: Owner and stockholder information—Record data for all owners, partners, officers, or if corporation, all persons owning 10% or more of corporate stock.</b>			
NAME	STREET ADDRESS CITY, STATE, ZIP CODE	TITLE	PERCENTAGE OF OWNERSHIP
<b>PART IV: Certifying Statement</b>			
Under penalties of perjury, I declare that I have examined this application, that the answers appearing hereon are true and correct to the best of my knowledge and belief, and that I am legally authorized to sign for this agency. <b>I UNDERSTAND THAT FEES ARE NOT REFUNDABLE.</b>			
_____ Date		_____ Signature of Owner, Partner, or Corporate Officer of Agency	

Additional application forms can be downloaded from the IDFPR Web site at [idfpr.illinois.gov](http://idfpr.illinois.gov).

# Illinois Department of Financial and Professional Regulation

## Division of Professional Regulation

### Application Checklist for Certified Euthanasia Agency

*In order for your application to be processed,  
**ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED**  
with the application and required fee unless otherwise directed in the instructions.*

Before you mail your application, check the following items to make sure your application is complete!

FOUR-PAGE APPLICATION REVIEW		COMPLETED
Part I.	Application Category Information	
Part II.	Agency Identifying Information	
Part III.	Owner and Stockholder Information	
Part IV.	Certifying Statement	
SUPPORTING DOCUMENTS		SUBMITTED
Application Fee(s)		
Certified Euthanasia Technician Information		
Certified Euthanasia Agency Information		
If you are going to purchase and administer Schedule II and/or Schedule III drugs, you must submit the enclosed Controlled Substance application and fee. The facility will be subject to a Department inspection.		
You must submit the enclosed Euthanasia record identifying the number and type of animals euthanized each calendar year by January 31 of the next year.		

**All supporting documents may not be required. Please refer to application instructions for your specific method of licensure.**

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 510 ILCS 72/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is REQUIRED. Failure to comply will result in this form not being processed.

## CERTIFIED EUTHANASIA TECHNICIAN EMPLOYMENT NOTIFICATION

### INSTRUCTIONS

A Certified Euthanasia Technician shall not perform any euthanasia procedure until written notice is made to the Department. This form must be submitted by the Agency to:

Department of Financial and Professional Regulation  
P.O. Box 7007  
Springfield, IL 62791

Additional application forms can be downloaded from the IDFPR website at: [idfpr.illinois.gov](http://idfpr.illinois.gov).

### CERTIFIED EUTHANASIA TECHNICIAN INFORMATION

1. NAME OF CERTIFIED EUTHANASIA TECHNICIAN	2. LICENSE NUMBER <b>235 -</b>
3. HOME ADDRESS OF CERTIFIED EUTHANASIA TECHNICIAN	4. PHONE NUMBER AND EMAIL ADDRESS OF CERTIFIED EUTHANASIA TECHNICIAN

Signature of Certified Euthanasia Technician: \_\_\_\_\_

### CERTIFIED EUTHANASIA AGENCY INFORMATION

1. NAME OF CERTIFIED EUTHANASIA AGENCY	2. LICENSE NUMBER <b>228 -</b> _____
3. NAME AND ADDRESS OF AGENCY (Street, City, State Zip Code)	4. AGENCY TELEPHONE NUMBER (Include Area Code)

5. EMAIL ADDRESS (REQUIRED)

Date to **begin** as Certified Euthanasia Technician: \_\_\_\_\_

Signature of Certified Euthanasia Technician: \_\_\_\_\_

Signature of Person in Charge of Certified Euthanasia Agency: \_\_\_\_\_

Additional application forms can be downloaded from the IDFPR Web site at [idfpr.illinois.gov](http://idfpr.illinois.gov).

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 510 ILCS 72/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is REQUIRED. Failure to comply will result in this form not being processed.

## Certified Euthanasia Technician Employment Notification of Termination

### INSTRUCTIONS

This form is to be used for notifying the Department of employment termination of a Certified Euthanasia Technician.

When a Certified Euthanasia Technician is terminated or is terminating their status as a Certified Euthanasia Technician of a Certified Euthanasia Agency, the Euthanasia Agency must notify the Department of the termination within 30 business days.

This form must be typed or printed and submitted to:

Department of Financial and Professional Regulation  
P.O. Box 7007  
Springfield, Illinois 62791

Additional application forms can be downloaded from the IDFPR website at: [idfpr.illinois.gov](http://idfpr.illinois.gov).

### CERTIFIED EUTHANASIA TECHNICIAN INFORMATION

1. NAME OF PERSON WHOSE EMPLOYMENT AS A CERTIFIED EUTHANASIA TECHNICIAN WITH YOUR AGENCY WAS TERMINATED

2. LICENSE NUMBER

235 -

### CERTIFIED EUTHANASIA AGENCY INFORMATION

1. NAME OF EUTHANASIA AGENCY

2. LICENSE NUMBER

228 -

3. NAME AND ADDRESS OF AGENCY (Street, City, State Zip Code)

4. BUSINESS TELEPHONE NUMBER (Include Area Code)

5. EMAIL ADDRESS (REQUIRED)

Date the above named person's employment was terminated as Certified Euthanasia Technician: \_\_\_\_\_

Signature of Person in Charge of Euthanasia Agency: \_\_\_\_\_

Additional application forms can be downloaded from the IDFPR Web site at [idfpr.illinois.gov](http://idfpr.illinois.gov).

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 510 ILCS 72/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is REQUIRED. Failure to comply will result in this form not being processed.

# EUTHANASIA AND CONTROLLED SUBSTANCES RECORD

## Instructions

1. Complete the 1-page Euthanasia and Controlled Substance Record each calendar year by January 31 of the next year. Type or print in black ink only. You are authorized to photocopy this form if needed.
2. Mail the form to: Department of Financial and Professional Regulation  
ATTN: Division of Professional Regulation  
Drug Compliance Unit  
9511 Harrison Street, Suite 300  
Des Plaines, IL 60016-1563

**NOTE:** For the purposes of Section 1248.40 of the Rules for the Administration of the Humane Euthanasia in Animal Shelters Act, puppies are dogs younger than 4 months of age, kittens are cats younger than 4 months of age, dogs are canines 4 months of age or older and cats are felines 4 months of age or older.

This report is for the calendar year of 20\_\_\_\_\_.

## PART I: Agency Identifying Information

1. NAME OF AGENCY (As it appears on your Certification of Registration.)	2a. FEIN NUMBER	2b. EMAIL ADDRESS (REQUIRED)
3. AGENCY ADDRESS (Include street address, city, state and zip code.)	4. ILLINOIS CONTROLLED SUBSTANCE LICENSE NUMBER <b>328-</b> _____	
5. PHONE NUMBER (Include area code)	6. CERTIFIED EUTHANASIA AGENCY LICENSE NUMBER <b>228-</b> _____	

## PART II: Euthanasia Record

TYPE OF ANIMAL EUTHANIZED	TOTAL NUMBER OF ANIMALS EUTHANIZED

## PART III: Controlled Substances Record

TOTAL AMOUNT OF DRUGS USED FOR THE YEAR		TOTAL AMOUNT OF DRUGS WASTED FOR THE YEAR	
SCHEDULE II (Non-Narcotic)	SCHEDULE III (Non-Narcotic)	SCHEDULE II (Non-Narcotic)	SCHEDULE III (Non-Narcotic)

I hereby certify that the foregoing information is correct to the best of my knowledge.

\_\_\_\_\_  
Print Name of Certified Euthanasia Technician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Certified Euthanasia Technician

# INSTRUCTIONS FOR APPLICATION FOR ILLINOIS CONTROLLED SUBSTANCES REGISTRATION FOR EUTHANASIA AGENCY

*In order for your application to be processed,  
**ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED**  
with the application and required fee unless otherwise directed in the instructions.*

1. A separate Controlled Substances Registration is required for each agency.
2. Federal registration is mandatory before any activity relating to or the use of controlled substances is permitted.
3. A State Controlled Substances Registration is a prerequisite for Federal Controlled Substances Registration. For information concerning Federal registration contact:

Drug Enforcement Administration  
230 S. Dearborn, Suite 1200  
Chicago, IL 60604  
312/353-7875  
Web site: [www.deadiversion.usdoj.gov](http://www.deadiversion.usdoj.gov)

4. The required fee, made payable with check or money order to IDFPR, must accompany this application. The required fee is: **\$5**

If you currently hold an Illinois Controlled Substances license and are requesting a change of address or change of name, the required fee of \$20 must accompany this application along with the original, incorrect license and pocketcard.

5. Item 6 on the application will be the address to which the license will be issued and must be the address where the activity will be conducted.

6. Send completed application to:  
Department of Financial and Professional Regulation  
ATTN: Division of Professional Regulation  
P.O. Box 7007  
Springfield, IL 62791

**Additional application forms can be downloaded from the IDFPR Web site at [idfpr.illinois.gov](http://idfpr.illinois.gov).**

<b>APPLICATION FOR ILLINOIS CONTROLLED SUBSTANCES REGISTRATION FOR EUTHANASIA AGENCY</b>		<b>FOR OFFICIAL USE ONLY</b>	
NOTICE: Completion of this form is required for licensure under 720 ILCS 570/302. Disclosure of this information is mandatory. Failure to provide requested information will result in this form not being processed.			
If you currently hold an Illinois Controlled Substance License, indicate reason for filing application: <input type="checkbox"/> Change of Address <input type="checkbox"/> New Application <input type="checkbox"/> Change in Schedule of Drugs <input type="checkbox"/> Change of Name <input type="checkbox"/> Additional Location		Current Illinois License No.: _____	
1. PROFESSION CODE <b>328</b>	2. TYPE OF BUSINESS OWNERSHIP <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Government Owned Facility		
3. NAME OF AGENCY APPLYING FOR LICENSURE		4. AGENCY LICENSE NUMBER <b>2 2 8 -</b>	5. BUSINESS TELEPHONE (w/Area Code)
6. NAME OF OWNER			
7. BUSINESS ADDRESS    STREET, CITY, STATE, ZIP CODE, COUNTY		8. E-MAIL ADDRESS	
		9. IF INDIVIDUAL OWNER, COMPLETE 9a THROUGH 9c.	
		9a. SSN or ITIN	9b. Date of Birth
10. NAME OF CERTIFIED EUTHANASIA TECHNICIAN RESPONSIBLE FOR DRUGS		11. CERTIFIED EUTHANASIA TECHNICIAN LICENSE NUMBER <b>235 -</b>	
12. HOME ADDRESS OF EUTHANASIA TECHNICIAN RESPONSIBLE FOR DRUGS		13. HOME TELEPHONE (Include Area Code)	
14. Have you (the applicant) applied for or do you have registration under the Federal Controlled Substances Act? Applied: <input type="checkbox"/> Yes <input type="checkbox"/> No      Registered: <input type="checkbox"/> Yes <input type="checkbox"/> No			
15. Check all applicable schedules and list each specific drug handled. Any license issued pursuant to this application applies only to the schedules checked.			
	SCHEDULE	LIST SPECIFIC DRUGS	
	Schedule II (Non-Narcotic)		
	Schedule III (Non-Narcotic)		
16. NAME AND ADDRESS OF SOURCE OF CONTROLLED SUBSTANCES			
17. Has applicant, or any names therein listed, ever been charged in a court of law, hearing, or other administrative procedure with any violation of the laws of the United States or of any individual state relating to drugs, liquor, poisonous substances or any felony offense? <input type="checkbox"/> Yes <input type="checkbox"/> No    (If "Yes," state all particulars, dates, places and present status on separate sheet.)			
18. Has applicant, or any of the persons listed above, ever had any disciplinary action taken against him/her or been convicted of any violation of the laws of the United States or of any individual state, relating to the manufacture, distribution, or dispensing of Controlled Substances? <input type="checkbox"/> Yes <input type="checkbox"/> No    (If "Yes," state all particulars, dates, places, and present status on separate sheet.)			
Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete. <b>I UNDERSTAND THAT FEES ARE NOT REFUNDABLE.</b>			
_____ Signature of Certified Euthanasia Technician		_____ Date	

**Additional application forms can be downloaded from the IDFPR Web site at [idfpr.illinois.gov](http://idfpr.illinois.gov).**