

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 328- _____	
5. PHONE NUMBER (Include area code)	6. CERTIFIED EUTHANASIA AGENCY LICENSE NUMBER 228- _____	

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