

**STATE OF IDAHO  
BOARD OF VETERINARY MEDICINE  
APPLICATION FOR  
CERTIFIED EUTHANASIA AGENCY  
LICENSE**

√ License(s) applied for  
  
— CERTIFIED EUTHANASIA  
AGENCY LICENSE - \$100

Return completed application form with appropriate fee to:  
Idaho Board of Veterinary Medicine, P.O. Box 7249, Boise ID 83707

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**AGENCY:**

Agency Name \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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**CONTACT PERSON:**

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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**RESPONSIBLE PARTY OR AGENCY FOR PROCUREMENT OF CONTROLLED  
SUBSTANCES AND/OR SUPERVISION OF TECHNICIANS:**

**VETERINARIAN:** Procurement (\_\_\_\_) and/or Supervision (\_\_\_\_)

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Idaho Veterinary License No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

DEA No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Idaho CSA No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**AND**

**AGENCY:**

DEA No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Idaho CSA No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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**CERTIFIED EUTHANASIA TECHNICIANS:**

Name \_\_\_\_\_ License No. \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ License No. \_\_\_\_\_

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Name \_\_\_\_\_ License No. \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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**PROBATIONARY EUTHANASIA TECHNICIANS:**

Name \_\_\_\_\_ License No. \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ License No. \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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(Please add additional sheets if necessary.)