



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. **\$ 150.00**

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: _____

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

Mail completed application
packet with fees to:

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