

Application for Authority to Possess and Use Pentobarbital (Pentobarbitone) for the Humane Destruction of Animals

Poisons and Therapeutic Goods Regulation 2008

Information for Applicants:

- Eligible applications are generally processed within 10 business days of receiving all required information.
- An authority issued will be valid only while the authorised person is in the employment of the nominating Local Government Authority (Council), Animal Welfare League or RSPCA.

1. Details of nominating person		
Name:		
Position:		
Organisation:		
Address:		
Suburb/Town:		Postcode:
Telephone:	Fax:	Email:
2. Details of nominated person to be authorised to possess and use pentobarbital (pentobarbitone)		
Name:		
Organisation:		
Street address of premises where pentobarbital is to be stored:		
Suburb/Town:		Postcode:
Postal Address:		
Telephone:	Fax:	Email:
3. Supplier, storage and use of pentobarbital (pentobarbitone)		
a. Name of supplier of the pentobarbital (pentobarbitone):		
b. What will the pentobarbital (pentobarbitone) be used for?		

c. How will the pentobarbital (pentobarbitone) be stored to prevent unauthorised access?

d. In what secure area will the pentobarbital (pentobarbitone) be stored when not in use?

4. Expected competency

The person being nominated to be authorised to possess and use pentobarbital (pentobarbitone) is required to have attained qualifications or formal training in the handling, use and storage of pentobarbital (pentobarbitone), such that the expected competencies on Page 3 of this form are met. With each application, the declaration on Page 3 must be made by the veterinary practitioner who has assessed the applicant for competency.

a. Has the nominated person to be authorised attained qualifications or formal training in the handling of pentobarbital (pentobarbitone)?

- Y ⇒ *Attach a copy of a signed Certificate of Training or Competence or Statement issued by the RSPCA, the Animal Welfare League, or a veterinary practitioner, as applicable*
- N ⇒ *This application cannot proceed until the nominated person attains qualifications or formal training in the handling of pentobarbital*

b. Does the nominated person to be authorised meet the expected competencies for humane destruction of animals?

- Y ⇒ *Attach the completed page 3 'Humane Destruction of Animals – Expected Competencies'*
- N ⇒ *This application cannot proceed until the nominated person meets the expected competencies for the humane destruction of animals*

5. Declaration by applicant

In submitting this form, I affirm that the information I have supplied is, to the best of my knowledge, true and accurate.

- Y N

6. Applicant's Signature

Signature:

Date:

*For assistance contact Pharmaceutical Regulatory Unit during business hours on (02) 9391 9944
 Completed forms may be submitted by email, fax or post.
 Email: MOH-PharmaceuticalServices@health.nsw.gov.au
 Fax: (02) 9424 5860
 Postal address: Director Pharmaceutical Regulatory Unit
 Legal and Regulatory Services Branch
 NSW Ministry of Health
 Locked Mail Bag 961
 North Sydney NSW 2059*

Humane Destruction of Animals – Expected Competencies

Assessment in the following competencies is to be undertaken by a veterinary practitioner, by the RSPCA or the Animal Welfare League. Once satisfied that these skills have been attained, the veterinary practitioner should sign the document stating that, in his/her opinion, the competencies have been met satisfactorily.

Knowledge of the Required Facilities and Equipment		
<input type="checkbox"/> Y	<input type="checkbox"/> N	Holding facilities for animals prior to humane destruction outside of the working area
<input type="checkbox"/> Y	<input type="checkbox"/> N	Well lit, clean, quiet and contained working area
<input type="checkbox"/> Y	<input type="checkbox"/> N	Microchip scanner
<input type="checkbox"/> Y	<input type="checkbox"/> N	Clippers, scissors and stethoscope
<input type="checkbox"/> Y	<input type="checkbox"/> N	Appropriate needles, syringes and swabs
<input type="checkbox"/> Y	<input type="checkbox"/> N	Restraint devices (carry bags, squeeze cages, collars, leads catching poles and muzzles)
<input type="checkbox"/> Y	<input type="checkbox"/> N	Assistant/handler and the role of this person
<input type="checkbox"/> Y	<input type="checkbox"/> N	Sedatives available for use
<input type="checkbox"/> Y	<input type="checkbox"/> N	Safe storage of the sedative
<input type="checkbox"/> Y	<input type="checkbox"/> N	Facilities for disposal of cadavers
Demonstrated Skills Under Supervision		
<input type="checkbox"/> Y	<input type="checkbox"/> N	Behavioural assessment (for fear, aggression, need for sedation)
<input type="checkbox"/> Y	<input type="checkbox"/> N	Checking for identity of an animal in accordance with <i>Companion Animals Act 1998</i> and Council Policy, if applicable
<input type="checkbox"/> Y	<input type="checkbox"/> N	Administration of sedatives when appropriate and in accordance with legal limitations, and to determine the appropriate sedative and dose rates for various species, weights and ages
<input type="checkbox"/> Y	<input type="checkbox"/> N	Whole body scanning for presence of microchip
<input type="checkbox"/> Y	<input type="checkbox"/> N	Actions to be taken if identity microchip is detected
<input type="checkbox"/> Y	<input type="checkbox"/> N	Ability to restrain animals competently and compassionately
<input type="checkbox"/> Y	<input type="checkbox"/> N	Ability to determine appropriate dose rates for various species, weights, ages, inactive animals
<input type="checkbox"/> Y	<input type="checkbox"/> N	Competence in delivering a lethal injection via all accepted routes
<input type="checkbox"/> Y	<input type="checkbox"/> N	Competence in confirming death
<input type="checkbox"/> Y	<input type="checkbox"/> N	Demonstrated ability to assess when to desist
<input type="checkbox"/> Y	<input type="checkbox"/> N	Understanding of Work Health and Safety implications
<input type="checkbox"/> Y	<input type="checkbox"/> N	Ability to maintain equipment and facilities
<input type="checkbox"/> Y	<input type="checkbox"/> N	Ability to maintain appropriate records of drug usage and humane destruction
Demonstrated Understanding and Knowledge		
<input type="checkbox"/> Y	<input type="checkbox"/> N	Relevant animal behaviour
<input type="checkbox"/> Y	<input type="checkbox"/> N	Relevant animal welfare considerations
<input type="checkbox"/> Y	<input type="checkbox"/> N	Relevant anatomy
<input type="checkbox"/> Y	<input type="checkbox"/> N	Relevant drug actions
<input type="checkbox"/> Y	<input type="checkbox"/> N	Potential routes of administration and reasons for and against these routes
<input type="checkbox"/> Y	<input type="checkbox"/> N	Potential problems and consequences (e.g. delivery outside vein)

Name of Trainee:	
Employer:	
Signature:	
In my opinion the above competencies have been adequately understood and/or demonstrated by the person whose name appears above.	
Name of Training Officer/Veterinary Practitioner:	
Position:	
Address:	
Telephone:	Email:
Signature:	Date: