

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



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: _____

Phone: _____ 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: _____

Phone: _____ Fax: _____

Email: _____

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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)?

Yes 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

No 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?

Yes Attach the completed page 3 'Humane Destruction of Animals – Expected Competencies'

No This application cannot proceed until the nominated person meets the expected competencies for the humane destruction of animals

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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.

Yes

No

6. APPLICANT'S SIGNATURE

Signature: _____ **Print and Sign** _____ Date: _____ (dd/mm/yyyy)

For assistance, contact the Pharmaceutical Services Unit using the email below.

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 Operations
Pharmaceutical Services Unit
Legal and Regulatory Services Branch
NSW Ministry of Health
Locked Mail Bag 2030
St Leonards NSW 1590

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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.

- | | | |
|------------|-----------|---|
| Yes | No | Knowledge of the Required Facilities and Equipment |
| Yes | No | Holding facilities for animals prior to humane destruction outside of the working area |
| Yes | No | Well lit, clean, quiet and contained working area |
| Yes | No | Microchip scanner |
| Yes | No | Clippers, scissors and stethoscope |
| Yes | No | Appropriate needles, syringes and swabs |
| Yes | No | Restraint devices (carry bags, squeeze cages, collars, leads catching poles and muzzles) |
| Yes | No | Assistant/handler and the role of this person |
| Yes | No | Sedatives available for use |
| Yes | No | Safe storage of the sedative |
| Yes | No | Facilities for disposal of cadavers |
| Yes | No | Checking for identity of an animal in accordance with Companion Animals Act 1998 and Council Policy, if applicable |
| Yes | No | 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 |
| Yes | No | Whole body scanning for presence of microchip |
| Yes | No | Actions to be taken if identity microchip is detected |
| Yes | No | Ability to restrain animals competently and compassionately |
| Yes | No | Ability to determine appropriate dose rates for various species, weights, ages, inactive animals |
| Yes | No | Competence in delivering a lethal injection via all accepted routes |
| Yes | No | Competence in confirming death |
| Yes | No | Ability to assess when to desist |
| Yes | No | Understanding of Work Health and Safety implications |
| Yes | No | Ability to maintain equipment and facilities |
| Yes | No | Ability to maintain appropriate records of drug usage and humane destruction |

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Name of trainee: _____

Employer: _____

Signature: _____ **Print and Sign**

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: _____ Suburb: _____

Town: _____ Postcode: _____

Phone: _____

Signature: _____ **Print and Sign** Date: _____ (dd/mm/yyyy)