

## Quarterly Controlled Substance Inventory Form for Incorporated Societies and Municipal Animal Control Facilities

Title 10 of New York State Rules and Regulations Part 80.134(k) states: "Quarterly reports. **Within 10 days of the end of each quarter of each year**, the society or facility shall submit a report to the department signed by an officer or official and the agent and include..." (the information requested by this form).

Facility Name \_\_\_\_\_  
 Facility Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Agent's Telephone Number \_\_\_\_\_ Agent's E-mail Address \_\_\_\_\_  
 NYS DOH BNE Facility Registration Number \_\_\_\_\_ DEA Number \_\_\_\_\_

**This report must be received at BNE within 10 days of the end of each quarter or licensee may be subject to a fine.**

**Quarter Ending on:**     March 31     June 30     September 30     December 31    **of year** \_\_\_\_\_

*Check box for correct quarter*

CONTROLLED SUBSTANCE	Sodium Pentobarbital (CII)	Premixed Solution Sodium Pentobarbital (CIII)	Ketamine Hydrochloride (CIII)
Last Quarter Ending Amount on Hand (ml)			
Add total Amount Received (ml)			
Subtract total Amount Utilized (ml)			
Subtract total Amount Destroyed/Wasted (ml)			
*Subtract total Amount Lost (ml)			
<b>Ending Amount on Hand</b>			
# of Dogs Euthanized: _____ # of Cats Euthanized: _____ # Other Species Euthanized (specify): _____			
<b>* Form DOH-2094 must accompany this quarterly report if there is any loss of controlled substances</b>			

**To be completed by the registered agent:** I certify that on \_\_\_\_/\_\_\_\_/\_\_\_\_ I conducted a physical inventory on the controlled substances listed above. Any loss has been noted.

**I affirm that all information contained on this form is true and correct and that I will abide by all laws and regulations pertinent to controlled substances.**

Signature of Agent \_\_\_\_\_ Signature of Chief Official of Society or Municipality \_\_\_\_\_

Print Name \_\_\_\_\_ Print Name \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

**Submit completed forms to:**

E-mail documents to:  
**bnlicensing@health.ny.gov**

Fax documents to:  
**518-402-0709**

Or mail, only if necessary to:  
**Bureau of Narcotic Enforcement  
 Riverview Center  
 150 Broadway  
 Albany, NY 12204**