

VDACS Humane Animal Euthanasia Training Registration Form

Submit to: animalcare@vdacs.virginia.gov

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| Training Class Date | |
| Legal Name (first and last) | |
| Job Title | |
| Name of Employer (locality, incorporated entity, etc.) | |
| Direct Email Address | |
| Direct Phone Number | |
| Direct contact information is requested for the purpose of contacting the participant directly in the event of a change or cancellation occurring outside of normal business hours. | |
| Official Name and Physical Address of Animal Shelter Facility (CSR Location where euthanasia is to be performed) | Name: <input type="checkbox"/> Public Animal Shelter <input type="checkbox"/> Private Animal Shelter |
| | Physical Address: |
| Supervising Veterinarian Name | |
| Supervising Veterinarian Email | |
| Supervising Veterinarian Phone Number | |

| VDACS USE ONLY | |
|--------------------------|--|
| <input type="checkbox"/> | Form reviewed for accuracy and clarity |
| <input type="checkbox"/> | Registrant added to roster |
| <input type="checkbox"/> | Registration confirmed |

This registration is for the specifically named individual only. It is not a reserved “spot” for the facility. There is typically a waiting list for class attendance. Please notify this office in advance if you need to cancel your registration.