

VDACS Humane Animal Euthanasia Training Registration Form

Submit to: animalcare@vdacs.virginia.gov

Training Class Date	
Full Legal Name	
Email Address	
Direct Phone Number	
Job Title	
Name of Employer	
Official Name and Address of Animal Shelter Facility (CSR Location where euthanasia is to be performed)	
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 there is a cancellation for this individual.