Print Form

North Carolina Department of Agriculture & Consumer Services

Animal Welfare Section/Veterinary Division
1030 Mail Service Center
Raleigh, NC 27699-1030

phone: 919-715-7111 fax: 919-733-6431 e-mail: agr.aws@ncagr.gov

Application to become a Certified Euthanasia Technician

The undersigned is seeking permission to become a Certified Euthanasia Technician. Upon termination of employment or volunteer status from a licensed facility I will no longer perform euthanasia at any licensed facility until my certification is reinstated. I will notify the AWS in writing within 10 calendar days of my loss of employment or volunteer status from a licensed facility.

Last name _____ First name _____ Middle name _____

Address _____

City _____ State North Carolina ZIP (5 digit only) _____

Phone Number _____ Date (dd/mm/yyyy) _____

If certified as a CET, I will be employed by the licensed/certified facility named below:

Shelter name _____ County of Shelter _____

Shelter's license # _____

Signature of shelter manager

I will take the following practical examinations:

☐ Euthanasia by injection ☐ Euthanasia by CO gas

Check all that apply

☐ I have been convicted of a felony offense.

☐ I have been convicted of a crime or infraction involving animal cruelty or abuse

I swear that all of the information on this form is truthful, accurate and complete.

Signature of person applying to become a CET
(sign only in the presence of a notary public)

notary public seal and signature

◯ Approved

◯ Disapproved

Approved CET number

Date certified _____