



*New Jersey Office of the Attorney General*

Division of Consumer Affairs

Drug Control Unit

124 Halsey Street, 6th Floor, Newark, NJ 07102

(973) 504-6351



**Quarterly Inventory of Sodium Pentobarbital (Animal Shelters)**  
**Instruction Sheet**

The Controlled Dangerous Substance (CDS) law and regulations require Animal Shelter Director's or designee's take an inventory of all amounts of Sodium Pentobarbital products on hand at the end of March, June, September, and December. **Enclosed is a Quarterly Inventory of Sodium Pentobarbital form, which you are required to submit pursuant to N.J.S.A. 24:21-11(f).** The enclosed quarterly inventory forms must be received by the Drug Control Unit by the 7th day of the month after the close of that quarter (by April 7th, July 7th, October 7th, and January 7<sup>th</sup>). The enclosed form must be legibly completed by the Animal Shelter Director or designee; their name must be clearly typed or written; **electronic or original signature is required** in all indicated fields. You must keep a copy of the completed forms at the animal control site of your CDS registered location. **Please submit completed form by email to [CDS@dca.njoag.gov](mailto:CDS@dca.njoag.gov) or mail to Drug Control Unit, P.O. Box 45045, Newark, NJ 07101.**

If we can be of further assistance, please email [CDS@dca.njoag.gov](mailto:CDS@dca.njoag.gov) or call 973-504-6351.



**New Jersey Office of the Attorney General**  
 Division of Consumer Affairs  
**DRUG CONTROL UNIT**  
 124 Halsey Street, 6th Floor, Newark, NJ 07102



## Quarterly Inventory of Sodium Pentobarbital

To: New Jersey Office of the Attorney General  
 Division of Consumer Affairs  
 Drug Control Unit  
 P.O. Box 45045  
 Newark, New Jersey 07101

From:  
 CDS registration number:  
 Registrants full name:  
 Registrants full address:

N.J.A.C 8:65-5.11(b)

"A person or duly authorized agent registered to use sodium pentobarbital for purposes of animal euthanasia and required to keep records, shall maintain a quarterly inventory (last day of March, June, September, December) on forms provided by the Drug Control Unit in the manner prescribed in (a) above. A copy of such inventory shall be received in the Drug Control Unit within seven days after such required report is completed."

**For Quarter Ending**

- |   |   |
|---|---|
| <input type="checkbox"/> March 31, 20 _____ | <input type="checkbox"/> September 30, 20 _____ |
| <input type="checkbox"/> June 30, 20 _____  | <input type="checkbox"/> December 31, 20 _____  |

**Inventory**

On hand \_\_\_\_\_ Grams (Bulk)/Mls.      Finished product \_\_\_\_\_ Grams/Mls.      Total on hand \_\_\_\_\_ Grams/Mls.

Signature of Attested - Authorized agent:

Date:

Printed name of Attested - Authorized agent:

Signature of person registered to use sodium pentobarbital for animal euthanasia:

Title:

Printed name of person registered to use sodium pentobarbital for animal euthanasia: