



**Connecticut Veterinary Center & The Pet E. R.**

24 hour / 7 Day Advanced Diagnostic, Surgical, Emergency and Critical Care Referral Center  
470 Oakwood Avenue, West Hartford, Connecticut 06110  
Ph 860.233.8564 Fax 860.233.3206

Br. 2

To: The License Assist Team:

U. S. Nuclear Regulatory Commission Att. Mike Perkins

Dear Mr. Perkins

03037522

We [The Connecticut Veterinary Center] no longer wish to conduct radioactive iodine treatments on felines. Please terminate our license [number 06-31245-02]. Our last patient that was treated was here on 4/28/2010. We survey our room 3-5 times weekly with a survey meter model 14c Ludlum Measurements Inc Sweetwater Texas. Please find with this letter our survey log as well as a copy of the last patient's record that shows when waste was discarded.

Thank You for your attention to this matter

Michael J Costello [Hosp. Adm.]

REC'D IN LAT

9/23/10

CVC Logo Letter/Word, conference room, WinWord

573569

**NMSS/RGN1 MATERIALS-002**

(4-2008)  
10 CFR 30.36(j)(1); 40.42(j)(1);  
70.38(j)(1); and 72.54(k)(3)(1)(i)

Estimated burden per response to comply with this mandatory collection request: 30 minutes. This submission is used by NRC as part of the basis for its determination that the facility is released for unrestricted use. Send comments regarding burden estimate to the Records and FOIA/Privacy Services Branch (T-5 F52), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internal e-mail to infocollects@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0028), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

**CERTIFICATE OF DISPOSITION OF MATERIALS**

LICENSEE NAME AND ADDRESS  
**CONNECTICUT VETERINARY CENTER  
470 OAKWOOD AVE  
WEST HARTFORD CT 06110**

LICENSE NUMBER: **06-31245-02** DOCKET NUMBER:  
LICENSE EXPIRATION DATE: **AUGUST 31, 2017**

This license has expired.  **A. LICENSE STATUS (Check the appropriate box)**  
This license has not yet expired; please terminate it.

**B. DISPOSAL OF RADIOACTIVE MATERIAL**

(Check the appropriate boxes and complete as necessary. If additional space is needed, provide attachments)

The licensee, or any individual executing this certificate on behalf of the licensee, certifies that:

- 1. No radioactive materials have ever been procured or possessed by the licensee under this license.
- 2. All activities authorized by this license have ceased, and all radioactive materials procured and/or possessed by the licensee under this license number cited above have been disposed of in the following manner:
  - a. Transfer of radioactive materials to the licensee listed below:
  - b. Disposal of radioactive materials:
    - 1. Directly by the licensee:  
Decay-in-Storage
    - 2. By licensed disposal site:
    - 3. By waste contractor:
- c. All radioactive materials have been removed such that any remaining residual radioactivity is within the limits of 10 CFR Part 20, Subpart E, and is ALARA.

**C. SURVEYS PERFORMED AND REPORTED**

- 1. A radiation survey was conducted by the licensee. The survey confirms:
  - a. the absence of licensed radioactive materials
  - b. that any remaining residual radioactivity is within the limits of 10 CFR 20, Subpart E, and is ALARA.
- 2. A copy of the radiation survey results:
  - a. is attached; or  b. is not attached (Provide explanation); or  c. was forwarded to NRC on: 09/22/2010  
Date
- 3. A radiation survey is not required as only sealed sources were ever possessed under this license, and
  - a. The results of the latest leak test are attached; and/or
  - b. No leaking sources have ever been identified.

The person to be contacted regarding the information provided on this form:

NAME <b>Francois R. Crevier</b>	TITLE <b>Radiation Safety Officer</b>	TELEPHONE (Include Area Code) <b>(860) 233-8564</b>	E-MAIL ADDRESS <b>f.crevier@ctvetcenter.com</b>
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Mail all future correspondence regarding this license to:

**Micheal Costello @ 470 Oakwood Ave, West Hartford, CT 06110**

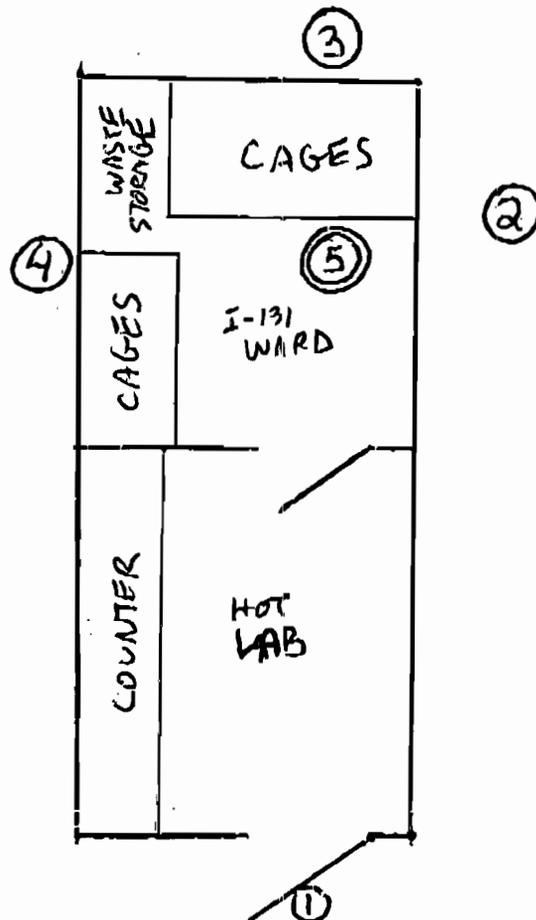
**C. CERTIFYING OFFICIAL**  
I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

PRINTED NAME AND TITLE <b>MICHAEL COSTELLO Hosp. ADM</b>	SIGNATURE <i>[Signature]</i>	DATE <b>9/23/2010</b>
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WARNING: FALSE STATEMENTS IN THIS CERTIFICATE MAY BE SUBJECT TO CIVIL AND/OR CRIMINAL PENALTIES. NRC REGULATIONS REQUIRE THAT SUBMISSIONS TO THE NRC BE COMPLETE AND ACCURATE IN ALL MATERIAL RESPECT. 18 U.S.C. SECTION 1001 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

# AREA SURVEY LOCATIONS

- 1) HOT LAB DOOR
- 2) LOCKED STORAGE (by computer)
- 3) LOCKED STORAGE (by door)
- 4) kennels
- 5) ABOVE ROOM (OUTSIDE EXAM ROOM #5)



Area Survey Log (mR/hr)

Date:	Hot Lab Door	Lock Storage Door	Lock Storage Computer	Kennels	Room 5 Door
2-10-09	<0.1	<0.1	<0.1	0.1	<0.1
3-4-09	<0.1	<0.1	<0.1	<0.1	<0.1
5-5-09	<0.1	<0.1	<0.1	<0.1	<0.1
6-2-09	<0.1	<0.1	<0.1	<0.1	<0.1
⊗ 6-3-09	rent out	to be	re-calibrated	Cardinal	
6-22-09	<0.1	0.25	<0.1	0.15	<0.1
6-23-09	<0.1	0.20	<0.1	0.15	<0.1
6-24-09	<0.1	0.15	<0.1	0.20	<0.1
6-25-09	<0.1	0.15	<0.1	0.15	<0.1
6-26-09	<0.1	<0.1	<0.1	0.10	<0.1
7-3-09	<0.1	<0.1	<0.1	<0.1	<0.1
7-10-09	<0.1	<0.1	<0.1	<0.1	<0.1
7-17-09	<0.1			<0.1	<0.1
7-24-09	<0.1	<0.1	<0.1	<0.1	<0.1
↓	↓	↓	↓	↓	↓
2-2-10	0.1	0.2	0.1	0.1	<0.1
2-3-10	<0.1	0.15	0.1	0.15	<0.1
2-4-10	<0.1	0.15	0.1	0.15	<0.1
2-5-10	<0.1	0.10	<0.1	0.15	<0.1
2-10-10	<0.1	<0.1	<0.1	0.25	<0.1
2-16-10	<0.1	0.20	0.15	0.25	<0.1
2-18-10	<0.1	<0.1	<0.1	0.20	<0.1
2-19-10	<0.1	<0.1	<0.1	0.20	<0.1
2-22-10	<0.1	<0.1	<0.1	0.15	<0.1
2-26-10	<0.1	<0.1	<0.1	0.10	<0.1
2-2-10	<0.1	<0.1	<0.1	<0.1	<0.1
3-5-10	<0.1	<0.1	<0.1	<0.1	<0.1
3-12-10	<0.1	<0.1	<0.1	<0.1	
3-15-10	<0.1	0.15	<0.1	0.15	<0.1
3-16-10	<0.1	0.10	<0.1	0.15	<0.1
3-17-10	<0.1	0.10	0.1	0.20	<0.1
3-18-10	<0.1	0.10	<0.1	0.15	<0.1
3-19-10	<0.1	<0.1	<0.1	<0.1	<0.1
3-23-10	<0.1	<0.1	<0.1	<0.1	<0.1
3-26-10	<0.1	<0.1	<0.1	<0.1	<0.1
4-2-10	<0.1	<0.1	<0.1	<0.1	<0.1
4-13-10	<0.1	0.2	<0.1	0.1	<0.1
4-14-10	<0.1	0.25	0.1	0.2	<0.1
4-16-10	<0.1	0.20	<0.1	0.15	<0.1



I-131 dose administration form

Patient: Copernicus Solva File # 100-5217

Ordered dose: 3.5 mCi @ 12<sup>30</sup>P (time) on 4-23-10 (date)

Dose given @ 8<sup>30</sup>A (time) 7/26/10

Initial cat radiation level: 0.8 mrem (right after injection)

Cat radiation level: 0.7 mrem @ 5<sup>40</sup>P (time), on 4-26-10 (date)

Cat radiation level: 0.8 mrem @ 8<sup>15</sup>A (time), on 4-27-10 (date)

Cat radiation level: 0.5 mrem @ 7<sup>30</sup>P (time), on 4-27-10 (date)

Cat radiation level: 0.5 mrem @ 8<sup>30</sup>A (time), on 4-28-10 (date)

Cat radiation level: \_\_\_\_\_ mrem @ \_\_\_\_\_ (time), on \_\_\_\_\_ (date)

Cat radiation level: \_\_\_\_\_ mrem @ \_\_\_\_\_ (time), on \_\_\_\_\_ (date)

Cat radiation level: \_\_\_\_\_ mrem @ \_\_\_\_\_ (time), on \_\_\_\_\_ (date)

Cat radiation level: \_\_\_\_\_ mrem @ \_\_\_\_\_ (time), on \_\_\_\_\_ (date)



Pharmacy Service Center 013  
131 HARTLAND STREET  
EAST HARTFORD, CT 06108  
1-800-201-0027

CT-VETERINARY CTR INC

Dr. Macieola

470 OAKWOOD AVE \* WEST HARTFORD, CT 06107

Patient: **SALVA** Patient Dosed \_\_\_\_\_

I-131 USP NaI TX Sol DI Rx # **524014**

Procedure: Feline Thyroid Therapy Lot: 10113002

Qty Disp: \_\_\_\_\_ mCi As of: 04/26/10 08:00

Qty Ord: 3.50 mCi Assay: 7,000 mCi/ml

Volume: 0.5 ml Expires: 04/26/10 23:59

Assay Activity: \_\_\_\_\_ mCi Date \_\_\_\_\_ Time \_\_\_\_\_ By: \_\_\_\_\_  
Administered Activity: \_\_\_\_\_ mCi Date \_\_\_\_\_ Time \_\_\_\_\_ By: \_\_\_\_\_

Warning: State or Federal law prohibits transfer of this drug to any person other than the person for whom it was prescribed

ITX S

*Handwritten:* Kosh dispens 7/19

This is to acknowledge the receipt of your letter/application dated

9/23/10, and to inform you that the initial processing which includes an administrative review has been performed.

Termination (06-31245-02)  
There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

Please provide to this office within 30 days of your receipt of this card

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A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned **Mail Control Number** 573569.  
When calling to inquire about this action, please refer to this control number.  
You may call us on (610) 337-5398, or 337-5260.