



COMMONWEALTH OF VIRGINIA

Department of Health Professions

Prescription Monitoring Program

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REQUEST FOR A WAIVER OR AN EXEMPTION FROM REPORTING: VETERINARIAN

Please provide the information requested below. (Print or Type) Use full name not initials.

<u>Name of Veterinarian</u>		<u>License Number</u>	
<u>Name of Veterinary Facility (if applicable)</u>		<u>Facility License Number (if applicable)</u>	
<u>Street Address</u>		<u>City</u>	
<u>State</u>	<u>Zip Code</u>	<u>Area Code and Telephone Number</u>	

Email Address: Point of Contact

Signature:	Date:
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Reason for approval of exemption/waiver request: (Check one box below)

This facility dispenses no Schedule II, III, IV or V controlled substances, naloxone, drugs of concern, or cannabis products.

The veterinarian is exempt from reporting according §54.1-2522 of the Code of Virginia: Dispensing of covered substances by veterinarians to animals within the usual course of their professional practice for a course of treatment to last *seven days or less* OR if such covered substance is *feline buprenorphine or canine butorphanol*.

The facility above is reporting on my behalf (Please include Name and DEA number of facility's Responsible Reporter/VIC)

Other: Please provide description below or provide information as a separate attachment.

For Department Use Only			
Date Received	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Director or Designee Signature	Date of action