



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.

| | | |
|--|-----------------------|---------------------------------------|
| <input type="checkbox"/> <u>Name of Veterinarian</u> | <u>License Number</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: |
|-------------------|--------------|

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*.

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 |
|----------------------|---|---------------------------------------|-----------------------|