



COMMONWEALTH OF VIRGINIA

Department of Health Professions

Prescription Monitoring Program

9960 Mayland Drive, Suite 300

Richmond, VA 23233-1463

Phone: (804) 367-4514

Fax: (804) 527-4470

Email: pmp@dhp.virginia.gov

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"/> Name of Veterinarian	License Number	
Street Address	City	
State	Zip Code	Area Code and Telephone Number

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, OR Drugs of Concern.

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
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