



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:
-------------------	--------------

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 (gabapentin).

The veterinarian is exempt from reporting according §54.1-2522 of the Code of Virginia: Dispensing of covered substances within the usual course of professional practice applies to a course of treatment lasting seven days or less.

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
----------------------	---	---------------------------------------	-----------------------