## MONTANA BOARD OF VETERINARY MEDICINE PO BOX 200513 301 S PARK, $4^{TH}$ FLOOR Helena, MT 59620-0512

Licensing Phone: 406-444-5711

Email: UnitB@mt.gov Website: www.vet.mt.gov

## CERTIFIED EUTHANASIA AGENCY POWER OF ATTORNEY FOR DEA ORDER

## Instructions

This form must be completed and submitted as part of the agency.	application for licensure as a certified euthanasia
BUSINESS NAME (i.e. euthanasia agency):	
2. LIST ANY DBA:	
3. BUSINESS ADDRESS:	
4. BUSINESS EMAIL ADDRESS:	
5. TELEPHONE: Cell	
6. DEA REGISTRATION NUMBER:	
I,	amed registrant under the Controlled Substances Actide, constituted, and appointed, and by these (name of attorney-in-fact), my true and lawful applications for books of official order forms and to ontrolled substances, in accordance with section 308 at 1305 of Title 21 of the Code of Federal Regulations.
Signature of Person Granting Power	Witness
I,(name of attorney-in-fact), here attorney-in-fact and that the signature affixed hereto is my	by affirm that I am the person named herein as signature.
Signature of Attorney-in-Fact	Witness

Signed and dated on the \_\_\_\_\_, \_\_\_\_,