

**MONTANA BOARD OF VETERINARY MEDICINE
PO BOX 200513
301 S PARK, 4TH FLOOR
Helena, MT 59620-0512
Licensing Phone: 406-444-5711
Email: dlibschehelp@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 application for licensure as a certified euthanasia agency.

-
1. BUSINESS NAME (i.e. euthanasia agency): _____
2. LIST ANY DBA: _____
3. BUSINESS ADDRESS: _____
4. BUSINESS EMAIL ADDRESS: _____
5. TELEPHONE: _____
Business Cell
6. DEA REGISTRATION NUMBER: _____

I, _____, (name of person granting power), the undersigned, who is authorized to sign the current application for registration of the above-named registrant under the Controlled Substances Act or Controlled Substances Import and Export Act, have made, constituted, and appointed, and by these presents, do make, constitute, and appoint _____ (name of attorney-in-fact), my true and lawful attorney for me in my name, place, and stead, to execute applications for books of official order forms and to sign such order forms in requisition for Schedule I and II controlled substances, in accordance with section 308 of the Controlled Substances Act (21 U.S.C. 828) and part 1305 of Title 21 of the Code of Federal Regulations. I hereby ratify and confirm all that said attorney shall lawfully do or cause to be done by virtue hereof.

Signature of Person Granting Power

Witness

I, _____ (name of attorney-in-fact), hereby affirm that I am the person named herein as attorney-in-fact and that the signature affixed hereto is my signature.

Signature of Attorney-in-Fact

Witness

Signed and dated on the _____ day of _____, _____.