

June 1, 2017

TO: Mississippi Licensed Veterinarians
FROM: The Mississippi Board of Veterinary Medicine

As many of you know the Mississippi Senate and House of Representatives passed a bill in the 2009 Legislative Session to require the registration of persons who manufacture, distribute or dispense any controlled substance within this state. The Mississippi Board of Veterinary Medicine will register you as you renew your license for 2017-2018. (There will be no additional fee for this.)

Below are the sections of the bill that apply to veterinarians.

SENATE BILL NO. 2799

(a) Every person who manufactures, distributes or dispenses any controlled substance within this state, or who proposes to engage in the manufacture, distribution or dispensing of any controlled substance within this state, must obtain a registration issued by the State Board of Pharmacy, the State Board of Medical Licensure, the State Board of Dental Examiners, the Mississippi Board of Nursing or the Mississippi Board of Veterinary Medicine, as appropriate, in accordance with its rules and the law of this state. Such registration shall be obtained annually or biennially, as specified by the issuing board, and a reasonable fee may be charged by the issuing board for such registration.

(b) Persons registered by the State Board of Pharmacy, with the consent of the United States Drug Enforcement Administration and the State Board of Medical Licensure, the State Board of Dental Examiners, the Mississippi Board of Nursing or the Mississippi Board of Veterinary Medicine to manufacture, distribute, dispense or conduct research with controlled substances may possess, manufacture, distribute, dispense or conduct research with those substances to the extent authorized by their registration and in conformity with the other provisions of this article.

On the reverse side of this page is the form you will need to complete to become "Registered." **Your license will not be renewed until this form is completed and returned to the Mississippi Board of Veterinary Medicine office along with the usual license renewal information.**

REGISTRATION/UPDATE FORM

NAME: _____

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

EMAIL ADDRESS: _____

PHONE NUMBERS: _____

CLINIC NAME: _____

CLINIC PHYSICAL ADDRESS: _____

I HAVE A DEA REGISTRATION. NUMBER: _____

I DISPENSE, DISTRIBUTE AND/OR MANUFACTURE CONTROLLED SUBSTANCES IN MY PRACTICE OF VETERINARY MEDICINE.

I AM EMPLOYED IN A VETERINARY PRACTICE, BUT DO NOT HAVE A DEA REGISTRATION. (USE THE REGISTRATION OF ANOTHER VETERINARIAN IN THE PRACTICE.)

I AM EMPLOYED IN GOVERNMENTAL/REGULATORY VETERINARY MEDICINE.

I DO NOT PRACTICE VETERINARY MEDICINE AT THIS TIME.

SIGNATURE