



**DECLARATION LETTER FOR THE YEAR 2023**  
**USE OF CONTROLLED DRUGS IN COMPLIANCE WITH THE MISUSE OF DRUGS ACTS**  
**USE OF HUMAN MEDICINAL PRODUCTS UNDER THE 'CASCADE' PRINCIPLES**

**TO WHOM IT MAY CONCERN**

I, the undersigned<sup>1</sup>, hereby declare that in 2023:

- I will use controlled drugs under the terms of Misuse of Drugs Acts and regulations made under the Acts.
- I will use human medicines under the terms of Article 112 of Regulation (EU) 2019/6 and Regulation 18(2) of the European Communities (Animal Remedies)(No. 2) Regulations, 2007 (S.I. No.786 of 2007).
- I will use exempt human medicinal products only under those situations where no authorised product is available for the treatment of affected animals.

I am responsible for the use of controlled drugs belonging to different Schedules. Schedule 2 and Schedule 3 controlled drug(s) will be stored securely and appropriately in a suitable safe/cabinet with restricted access.

I am responsible for the use of human medicines and will only use them for the treatment of animal(s) under my care in situations where there is no animal remedy authorised by the HPRA and to avoid unacceptable suffering to the animal(s).

I will maintain records to show use of controlled drugs/human medicines in each individual animal. Any adverse reactions will be reported immediately by emailing [jyoti@dugganvet.ie](mailto: jyoti@dugganvet.ie). The products will be stored at registered premises and will not be available for sale. They will be stored in compliance with product authorisation and legislative requirements at the correct temperature.

**List of controlled drugs available from Duggan Veterinary Supplies Limited:**

- Buprenorphine
- Butorphanol
- Ketamine
- Codeine Phosphate
- Pentobarbital Sodium
- Diazepam
- Methadone
- Morphine
- Phenobarbital
- Pethidine
- Etc.

**Returns Policy: All Human Products & Controlled Drugs must be returned within 7 working days by registered courier. Any products returned after 7 days cannot be accepted back on our system.**

Signatures: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name (CAPITAL LETTERS): \_\_\_\_\_ VCI Number: \_\_\_\_\_

Practice / Institution Address: \_\_\_\_\_

<sup>1</sup>Declaration can be signed by a Veterinary Surgeon who is authorised by the practice/institution or alternatively, each Veterinary Surgeon can individually sign the declaration letter.