

Department of Agriculture, Food and the Marine

Application from a Veterinary Practitioner to the holder of an “Veterinary Medicinal Product Wholesaler’s Licence in accordance with Articles 112,113 or 114” for release of a product for use in accordance with Article 112,113 or 114 of EU 2019/6.

I, the undersigned, apply to the person specified at 2. below to release a product for use in accordance with Article 112,113 or 114 of EU 2019/6.

1. PARTICULARS OF VETERINARY PRACTITIONER¹

(a) **Name:** _____

Address: _____

(b) **Registration No. with the
Veterinary Council of Ireland (VCI) ²:** _____

(d) **E-mail address:** _____

(e) **Telephone Number:** _____

2. DETAILS OF HOLDER OF WHOLESALE DISTRIBUTION AUTHORISATION IN THE REPUBLIC OF IRELAND TO WHOM APPLICATION IS MADE³ (PLEASE ENSURE YOU REFER TO PAGE 3 OF THIS DOCUMENT RE. SUPPLY)

Name: _____

Address: _____



3. DETAILS OF PRODUCT FOR WHICH APPLICATION IS MADE

- (a) **Name of Product:** _____
- (b) **Wholesale Import Licence No. issued by the Department of Agriculture, Food and the Marine:**

- (c) **Quantity:** _____

4. PARTICULARS OF USE OF PRODUCT

- (a) **Species:** _____
- (b) **Food Producing** Yes ☐ No ☐
- (c) **Reason for application:** _____

1. I declare that the product which is the subject of this application will be used only in accordance with Article 112,113 or 114 of EU 2019/6.
2. I hereby undertake that the product the subject of this application will be labelled in accordance with national law and include the licence number, given by DAFM for the imported product.
3. I hereby undertake that the product the subject of this application will be stored separately from other veterinary medicinal products.
4. I hereby undertake not to display, offer or expose the product for sale.
5. I hereby undertake to notify any adverse reactions **immediately** to;
veterinarymedicinesWMC@agriculture.gov.ie.



6. I hereby undertake to return any unused product the subject of this application to the wholesale distributor concerned no later than **1 year** from the date of receipt of such product.
7. I will be fully and directly responsible for use of the product covered by this application and that no liability shall attach to the Minister for Agriculture, Food and the Marine for any adverse events which may arise in the treated animal(s).

¹In the case of a group practice, an application may be made in respect of the practice – in such a case the application may be signed by a member who is authorised by the practice to give legal undertakings on its half – alternatively each member may sign – in either case, each veterinary practitioner will be individually responsible for use of products under the Cascade and provide records to show each individual use.

²Registration with the VCI must include the premises where the product is used/stored.

³ The product, the subject of this application, may only be supplied by the holder of a current “Veterinary Medicinal Product Wholesaler Licence in accordance with Article 112,113 or 114” granted by the Minister for Agriculture, Food and the Marine.

It should be noted that information provided by you may be subject to disclosure under the FOI Acts 1997 and 2003. If you wish to have any of the records concerned protected under the Confidentiality, Commercially Sensitive, Personal Information or other exemption provisions of that legislation you should mark those records accordingly and state your reasons. The relevant exemptions will then be considered in the event of an FOI request relating to those records.

SIGNATURE OF APPLICANT¹ : _____

NAME IN BLOCK CAPITALS: _____

DATE : _____

This form, when completed, should be forwarded to:

The holder of Wholesale Distribution authorisation concerned

