POWER OF ATTORNEY
FOR CONTROLLED SUBSTANCE ACTIONS
WITHIN THE DUKE ANIMAL CARE & USE PROGRAM

Re: Code of Federal Regulations (Sec 1305.05) pertaining to POA for Controlled Substances

Name of registrant: ________________________________

Address of registrant: ______________________________

DEA registration number (s): _________________________

I, ______________________________ (name of registrant granting power of attorney) the undersigned, who am authorized to sign the current application for registration of the above-named registrant under the Controlled Substances Act, have made, constituted, and appointed, and by these presents, do make, constituted and appointed, ___________________________ (name of attorney-in-fact), my true and lawful attorney-in-fact for me in name, place, and stead, to execute applications for Forms 222 and to sign orders for controlled substances, whether these orders be on Form 222 or electronic, in accordance with 21 U. S. C. 828 and Part 1305 of Title 21 of Code of Federal Regulations. I hereby ratify and confirm all that said attorney must lawfully or cause to be done by virtue hereof.

Signature of person granting power of attorney:  ________________________________

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:  ________________________________

Witnesses Signature:  1. ________________________  2. ________________________

Signed and dated on the ___ (day) of _____ (month) _______ (year).

Notice of Revocation: The foregoing power of attorney is hereby revoked by the undersigned, who am authorized to sign the current application for registration of the above-named registrant under the Controlled Substances Act or the Controlled Substances Import and Export Act. Written notice of the revocation has been given to the attorney-in-fact ___________________________ (name of attorney-in-fact) this same day.

Signature of registrant revoking power of attorney:  ________________________________

Witnesses Signature:  1. ________________________  2. ________________________