



CUSTOMER UPDATE FORM

For making changes to an active account

Please note: If there is a change in ownership, or request for new billing terms (including a request for an Initial Stocking Order), a credit application must be completed. Please contact our Credit Department at 800-258-2148.

Please select all that apply:

- Change of billing/shipping address
- Change staff vet
- Add additional shipping information

Covetrus account #: 108870 - _____

Customer/DVM: _____
(print name- as it appears on your license)

DVM license #: _____ State license in: _____
(Enclose copy)

DEA registration () * **Please check if adding a new or change of address on the DEA registration; Note that in these cases a DEA questionnaire must also be completed. A DEA questionnaire can be completed on line at www.northamerica.covetrus.com/resource-center/forms/dea-compliance-form**

Name of business or practice: Wellhaven Pethealth dba

Contact for purchases: _____

Phone number: _____ Fax number: _____

Billing address: 700 Washington St, Suite 401 Vancouver WA 98660
(Street address) (City) (State) (Zip)

Shipping address: _____
(Street address) (City) (State) (Zip)

Email address: Bill to accounts payable@wellhaven.com ~~ship to~~

Applicant is fully aware of the Covetrus policy of sales only to an individual practitioner and/or company or business properly license with the applicable state regulatory agency for the purchase of prescription drugs and devices. By signing, the applicant accepts responsibility for all prescription products purchased from Covetrus at the above referenced shipping address.

Signature: _____
(Customer/DVM) (Date)

If Financially Responsible Party/Institution is different than Customer/DVM, please indicate here:

Print: James King VP of Finance Wellhaven Pethealth
(Financially responsible person or institution)

Signature:  12/15/2020
(Financially responsible person or institution) (Date)

Please fax completed/signed form to (614) 760-0639.