

DEA Compliance Form

Title 21 Code of Federal Regulations Part 1301 Section 1301.74 requires any distributor that sells controlled substances to design and operate an order monitoring system that identifies orders of unusual size, frequency and orders that deviate substantially from a normal ordering pattern.

The DEA and several states also have policies in place that require distributors to "Know Your Customer". This questionnaire provides Covetrus with necessary data to help satisfy DEA and state requirements and will assist Covetrus in maintaining compliance for our customers and their controlled substance purchases. Please note that we may provide a copy of this form to the DEA and any other federal or state regulatory agencies when appropriate.

Note: The information requested below must match the name and address that is on the Federal DEA license.

| DEA Registrant Name | | DEA Number | | |
|---|------------------------|--|--------------------------|--|
| DEA Registration Address | S | | | |
| · · | | | | |
| DEA registration city, sta | τε, Διρ | | | |
| Preferred Secure Method | of Contact (phone nur | mber/email) | | |
| 1. Indicate your business t | ype. Check all that ap | oply. | | |
| Hospital/Clinic I | Emergency Anin | nal Shelter/Control Research/Te | eaching Pharmacy | |
| | | | | |
| Referral Other | (please specify) | | | |
| Specialty Area (if applicab | ole) | | | |
| 2. Identify the percentage of species you most commonly work with. Total should equal 100% | | | | |
| Companion % | Equine % | Livestock % | Wildlife% | |
| Exotics % | Rodent % | Non-Human Primate % | Other (please specify) % | |
| 3. What are your normal days/hours of operation? | | | | |
| 4. Is the controlled substance usage for the individual registrant or the entire facility/program? | | | | |
| 5. Please indicate in the table below the number of individuals under each appropriate title employed at this facility. | | | | |
| For <u>research accounts</u> ple | ase indicate the num | ber of individuals involved in the st | udy. | |
| Veterinarians | | edentialed Technicians Techs, Euthanasia Techs) | Research Personnel | |
| | | | | |



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Instructions for question 6:

<u>Please note</u>: Each field must have a <u>numerical value</u>. Ranges and estimates are acceptable. This information is kept in the Regulatory Affairs department and NEVER shared for soliciting purposes. This form can be amended as your ordering needs change. <u>Researchers:</u> Annual averages or ranges are acceptable.

New Practices: Please estimate to the best of your ability, based on your business model.

6. Please complete the following table. How many animals are treated, medicated, and examined. (We cannot accept this document with blank spaces, "varies" or NA.)

Average number of animals examined/treated

Average number of animals that controlled substances are

| each month: | month: | administered to each month: | substances are dispensed to each <u>month</u> : | |
|--|--------------------------------|--------------------------------|--|--|
| | | | | |
| 7. What is the average number | er of surgeries performed on c | a monthly basis (if applicabl | e)? | |
| 8. Please provide a ratio of me | ethods of payment made by p | patients. | | |
| Cash% : Credit% | o: Other% (ex: insuran | ce) please enter numeric va | ues | |
| 9. Please provide a ratio of in- | state to out-of-state patients | s seen. | | |
| In-state%: Out-of-state | e% please enter nume | eric values | | |
| 10. If we have questions abou if we are unable to reach the radditional sheets if needed). | | · | _ | |
| Name | Title | | Extension/Direct Line/Email | |
| | | | | |
| | | | | |
| | | | | |
| 11. Is there anyone other than title of this person and provide Name | a copy of the properly comp | oleted power of attorney for | | |
| | | riue | | |
| 12. Is Covetrus yourPrim | | | | |



DEA Compliance Form

Covetrus sells the following controlled substance items:

| Alfaxan | Alprazolam | Brevital | Buprenorphine | Butorphanol | Carisoprodol |
|-------------|-----------------------------|---------------|-------------------|---------------|--------------|
| Chorulon* | Diazepam | Duramorph | Euthasol/Somnasol | Fatal Plus | Fentanyl |
| Gabapentin* | Hydrocodone/ Homatropine | Hydromorphone | Ketamine | Lomotil | Lorazepam |
| Methadone | Midazolam | Morphine | Nembutal | Phenobarbital | Proin* |
| Propofol* | Socumb | Telazol | Tramadol | Tri-Hist* | Ultiva |

^{*}These products are not controlled substances at the federal level, however some individual states do schedule these items as controlled substances.

15. Please complete the following table regarding the controlled substances you intend to order. Any drugs not listed below will not be shipped without confirmation from the DEA registrant. Please attach additional sheets if needed.

Note: This document will not be accepted if the following table is not complete.

| Product Name | Strength & Form | Quantity & Frequency |
|---------------------|----------------------|----------------------------|
| Example: Alprazolam | 0.5 mg tablets | 100 tablets every 3 months |
| Example: Fentanyl | 50 mcg/mL injectable | 50 mL every month |
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| By my signature below, I am affirming that the information above is accurate and that I am the individual |
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| named on the DEA registration. If the DEA is for a corporation or facility, I am the official signatory for the DEA |
| registration. If you plan to order Nembutal, by signing below you are acknowledging that this product will be |
| used according to the label and will not be used in the form of human capital punishment. |
| |
| |

Printed Name of DEA Registrant

Fax for to (614) 659-1948 or email to SOM@covetrus.com.

DEA Registrant Signature/Date (In Ink)