



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 _____

DEA Registration City, State, Zip _____

Preferred Secure Method of Contact (phone number/email) _____

1. Indicate your business type. Check all that apply.

____ Hospital/Clinic ____ Emergency ____ Animal Shelter/Control ____ Research/Teaching ____ Pharmacy

____ Referral ____ Other (please specify) _____

Specialty Area (if applicable) _____

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 research accounts please indicate the number of individuals involved in the study.

Veterinarians	Credentialed Technicians (Vet Techs, Euthanasia Techs)	Research Personnel



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Instructions for question 6:

Please note: Each field must have a **numerical value**. 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. **Researchers:** 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 each <u>month</u> :	Average number of animals euthanized each <u>month</u> :	Average number of animals that controlled substances are administered to each <u>month</u> :	Average number of animals that controlled substances are dispensed to each <u>month</u> :

7. What is the average number of surgeries performed on a monthly basis (if applicable)? _____

8. Please provide a ratio of methods of payment made by patients.

Cash _____% : Credit _____% : Other _____% (ex: insurance) please enter numeric values

9. Please provide a ratio of in-state to out-of-state patients seen.

In-state _____% : Out-of-state _____% please enter numeric values

10. If we have questions about controlled substance orders, we will attempt to contact the DEA registrant. However if we are unable to reach the registrant please list the individuals who may speak on the registrant's behalf. (Attach additional sheets if needed).

Name	Title	Extension/Direct Line/Email

11. Is there anyone other than the DEA registrant authorized to sign 222 order forms? If yes, please list the name and title of this person and **provide a copy** of the properly completed power of attorney form.

Name _____ Title _____

12. Is Covetrus your _____ Primary _____ Secondary _____ Tertiary supplier?

13. Do you plan to order Nembutal brand name product? _____ YES _____ NO

14. Has the DEA registrant had any disciplinary, board actions, or complaints against his or her professional state and/or federal license or been convicted of a felony? If not, please check NO _____

If YES, please briefly explain _____

