

Veterinary Express Application



800.896.8873 855.854.3922 NewAccount@mwiah.com P.O. Box 5717, Boise, ID 83705

Account Information

WellHaven Pet Health LLC
Legal Name of Business

AAHA Member?
 Yes No
AAHA Member ID _____

Doing Business As _____ Veterinarian's Name _____

Phone _____ Fax _____
700 Washington St, Suite 401
Mailing Address

Shipping Address (if different than mailing – no P.O. Box) _____

State Veterinary License Number (MUST SUBMIT COPY) _____ DEA License Number (MUST SUBMIT COPY IF PURCHASING CONTROLLED SUBSTANCES) _____

Social Security Number _____ Federal Tax ID No. _____

Number of Full Time Veterinarians (ENTER "0" IF THIS IS A SECONDARY ACCOUNT) _____

Type of Business
 Corporation Partnership Limited LLC LLP Individual

Contact Preferences

Practice Type (Please check all that apply)
 Small Animal Equine Beef Dairy Swine Poultry Other _____

Primary contact person: _____ Phone: _____ Email: _____

Secondary contact person: _____ Phone: _____ Email: _____

Fax Permission

Current regulations require your signed permission prior to our faxing any information to you (ie. requested invoice copies, product info, etc...). So that you can receive requested information from MWI via fax, please sign below:

Fax number (if different from above) _____

x James King [Signature] 1-21-2020
Signature (practice owner or authorized employee) Date
Jim King VP of Finance
Printed Name Title

As a value added service, we occasionally fax updates to veterinary practices about upcoming product shortages, pending price increases, new items, and specials. Fax updates are generally no more than 1 page per week & you may permanently opt out of future fax updates at any time. Please indicate your preference to receive these faxes:

Please indicate your preference:
 Yes, please provide fax updates No, never send fax updates

Please sign and complete the agreement on page 2.

DEA "Know Your Customer" Due Diligence Form



The Code of Federal Regulations, 21CFR Part 1301.74(b) requires distributors of controlled substances to design and operate a system to identify suspicious orders. Suspicious orders may include those of unusual size, deviating substantially from a normal historical pattern, and/or orders of unusual frequency. The following "Know Your Customer" Due Diligence Form allows MWI to obtain the necessary data to reasonably review your controlled substance activities and to assist you in protecting your interests as well. Because this is a requirement of the DEA, controlled substance orders may not be placed until this one page form has been completed in full and reviewed by the MWI Credit Department which handles account maintenance.

I. DEA Registrant Information

DEA Registrant Name _____ DEA Registration # _____

DEA Registration Address _____

City/State/Zip _____

MWI Animal Health Account Number & Name _____

II. Include a copy of the current DEA registration.

III. Due Diligence

1. Is any person other than the DEA registrant authorized to sign 222 blanks for this registrant? If yes, please provide the printed names and a copy of a properly executed power of attorney granting this authorization.

2. Total number of practitioners at this location: _____

3. Is the controlled substance activity for the entire clinic or just the individual registrant?

Entire Clinic Individual Registrant

Is the registrant the responsible person for all recordkeeping and inventories?

If not, please explain process and identify the responsible person. _____

4. Patient Mix by % (Total should equal 100%)

Companion	Food Animal	Equine	Swine	Other
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5. Practice Type Traditional Clinic Emergency Clinic Mobile Research Other _____

Normal days/hours of operation: _____ Average number of patients treated per day: _____

6. Typical ordering pattern for controlled substances: Daily Weekly Monthly Other (Explain) _____

7. Is MWI Animal Health your sole supplier of controlled substances? Yes No

Do you intend to purchase from other distributors? Yes No

I attest that the information provided in the above "Know Your Customer" Due Diligence Form is true and accurate to the best of my knowledge.

DEA Registrant Signature _____

Date _____

Printed Name of DEA Registrant _____

IV. Return Completed Form to MWI Animal Health

✉ NewAccount@mwiah.com ☎ 855.854.3922 🏠 P.O. Box 5717, Boise, ID 83705

? Contact MWI Animal Health Credit 📞 800.896.8873