



2021 Update Form

CUSTOMER SERVICE # 1-855-721-0078

FAX # 1-844-842-2183

CustomerAccounts@zoetis.com

Vet of Record Change Business Name Change Address Change Other
Facility Information Account- 1000114815

BUSINESS NAME WellHaven PetHealth MN Clinical dba

OWNERSHIP TYPE: Sole Proprietorship Partnership Corporation Government Facility LLC

CUSTOMER TYPE: Vet Practice University NON-Profit Poultry Other _____

BUSINESS TYPE: _____%SMALL ANIMAL _____%EQUINE _____%LIVESTOCK _____%SWINE _____%FEED
_____ %POULTRY _____%EGGS _____%TURKEY _____%BROILER _____%BREEDER

SHIPPING ADDRESS _____

City _____ County _____ State _____ Zip _____ - _____

Telephone # _____ - _____ - _____ Fax # _____ - _____ - _____ E-Mail _____

BILLING ADDRESS: Check here if same as Shipping address

BILLING ADDRESS 700 Washington St, Suite 401

City Vancouver County Clark State WA Zip 98660 - _____

Telephone # 360-768-1849 Fax # _____ - _____ - _____ E-Mail accountspayable@wellhaven.com

I authorize Zoetis to send invoices & statements via: (select one) Mail Fax E-Mail (please ensure fax or email is noted above)

Is there currently an account with Zoetis at this location? YES NO

If change of ownership please provide date of change. _____

Do you have an existing account with Zoetis? YES No

Name WellHaven Pet Health Account Number 1000114815

Zoetis' Sales Policy: Zoetis' sales policy is based on the importance of the veterinarian-client-patient relationship. Due to a veterinarian's unique education and training, we maintain that veterinarians are the best-qualified professionals to provide guidance when dispensing our prescription products for animals. For this reason, Zoetis maintains a strict policy of selling its small animal prescription products exclusively through licensed veterinarians. Zoetis will, at its discretion suspend sales to anyone who resells or dispenses our products in the absence of a professional veterinarian-client-patient relationship

Veterinarian Information

Print Veterinarian's Name	Signature	State License # <i>Copy of License is required</i>	DEA # <i>Copy if applicable</i>	
				<input type="checkbox"/> owner <input checked="" type="checkbox"/> staff veterinarian
				<input type="checkbox"/> owner <input type="checkbox"/> staff veterinarian
				<input type="checkbox"/> owner <input type="checkbox"/> staff veterinarian
				<input type="checkbox"/> owner <input type="checkbox"/> staff veterinarian
				<input type="checkbox"/> owner <input type="checkbox"/> staff veterinarian

By signing above you agree to be responsible for the oversight, ordering and use of Zoetis prescription products or the animals cared for by this account. Further, you acknowledge and represent that you have and maintain all licenses and permits required by state and federal law. Please provide Zoetis prompt notice should you no longer be responsible for dispensing at this facility.

Tax and Business Permits

SALES TAX STATUS: Charge Tax OR Tax Exempt *Sales tax status subject to respective state law
TAX PERMIT# 5348985 (Provide Copy- Sales tax will be charged until tax certificate received)
Business Permit /License Number to operate within your state: 82-2695605

Ownership Information

INDIVIDUAL (Complete this section for sole-proprietorship)

Name _____
Address _____
City _____ County _____ State _____ Zip _____ - _____
Telephone# _____ - _____ - _____ Fax # _____ - _____ - _____ E-Mail _____

CORPORATION **LLC** or **GOVERNMENT** (Complete for corporate ownership, LLC or government entity)

Name _____ Company WellHaven PetHealth MN Clinical PC
Address 700 Washington St, Suite 401
City Vancouver County Clark State WA Zip 98660 - _____
Telephone # 360-768-1849 Fax # _____ - _____ - _____ E-Mail accountspayable@wellhaven.com
Buyer Name _____ Buyer Phone # _____
Type of Business _____ Years in Business _____
Controller Name _____ Controller Phone # _____
Accounts Payable Contact Name Debbie Meisner Contact Phone # 360-768-1849
Has your company filed for bankruptcy? Yes or No If yes, what type of bankruptcy? _____ Date _____

PARTNERSHIP (Complete this section for partnership)

Name 1 _____ Title/Officer Information(1) _____
Address _____
City _____ County _____ State _____ Zip _____ - _____
Name 2 _____ Title/Officer Information(2) _____
City _____ County _____ State _____ Zip _____ - _____
Telephone # _____ - _____ - _____ Fax # _____ - _____ - _____ E-Mail _____



Banking and Trade Reference Information

Credit Reference:

Contact Number

Principal Bank: _____ Phone _____

By signing below you are authorizing Zoetis to contact above listed for references, and you hereby provide Zoetis consent to send the Company communications and advertisements (including via facsimile). The signature below represents that (a) the party signing below is an authorized representative of the company; (b) the party signing below has the authority to bind the company financially or otherwise, and (c) that the information provided herein is a complete and accurate representation of the company as of the date hereof. If Veterinarian owner, sign here and Veterinarian portion of form.

Signature  Date 8/30/2018
 Robert Lester DVM (Aug 30, 2018)

Signature _____ Date _____

(By signing above you certify that all information provided is true and accurate)