



Dear Customer:

Thank you for choosing Butler Animal Health Supply, LLC d/b/a Covetrus North America "Covetrus" as your veterinary distribution partner. We welcome this opportunity to provide you with the products and services necessary to conduct your practice and manage your business. It is our mission to provide the best customer experience possible.

Once completed you may return the application to the email address, fax number, or mail to the address listed at the bottom of this page. As you complete this application, should you have any questions, you may ask your local sales representative or call our Credit Department at (800) 258-2148. One of our representatives will gladly answer your questions or provide you with the additional information you need.

In addition, if you are opening this account for a new practice, a recently purchased practice, or a remodeled practice, Covetrus offers an opening order financing program. This program provides for the interest-free repayment of the purchases over 10 monthly installments. Additional information about new practice programs may be obtained from your local sales representative.

Thank you for giving us this opportunity to serve you. We appreciate this expression of confidence and look forward to a long and mutually beneficial relationship.

Sincerely,

Matthew Leonard  
Executive Vice President,  
President North America and Global Supply Chain Officer



**Section I: ACCOUNT/CREDIT APPLICATION FORM**  
 Applicants must complete all sections of this application  
 (Please be sure to sign the Application Agreement on page 3 and the  
 Regulatory Compliance Statement on page 4)

TM \_\_\_\_\_

**CUSTOMER INFORMATION**

Name of Practice/Business	TIN or FEIN Number if Applicable
Name of Practice/Applicant (Last, First, Middle Initial)	Non-licensed Primary Account Contact (if applicable)
(____) _____	(____) _____
Business Phone	Business Fax

Email Address: Please provide an email address that will be directed to persons authorized to manage all aspects of your account including bill matters. This email will be used to provide notifications of your online statement availability, corporate communications, and offerings.

( ) I authorize Covetrus permission to send faxes, such as invoices, statements and timely specials to my assigned fax number as listed above.

Mailing/Billing Address	City	State	Zip Code	County
Business Shipping Address	City	State	Zip Code	County
If different than billing-(must provide a physical address-no PO Box or UPS Store unless allowed by your state)				
Accounts Payable Contact	Phone Number	Email		

**BUSINESS TYPE (Choose all that apply)**

- |                         |                                       |                                   |
|-------------------------|---------------------------------------|-----------------------------------|
| Veterinary:             | ( ) Veterinary Distributor/Wholesaler | ( ) Federal Government            |
| ( ) Small Animal        | ( ) Pharmacy/Pharmacist               | ( ) State/Local Government        |
| ( ) Large Animal        | ( ) Retail Only/Online Store          | ( ) Humane Society/Shelter/Rescue |
| ( ) Mixed, Mostly Small | ( ) Pet Service/Board/Groomer         | ( ) Corporation                   |
| ( ) Mixed, Mostly Large | ( ) Doctor of Medicine                | ( ) Military                      |
| ( ) Equine              | ( ) Researcher                        | ( ) Personal Animal Use           |
| ( ) Zoo/Aquarium        | ( ) Teaching/Research Institution     | ( ) Mobile Veterinary             |

**BUSINESS INFORMATION (as applicable)**

Applicant certifies that it is doing business as: ( ) Corporation ( ) LLC ( ) PA ( ) PLLC  
 ( ) Partnership ( ) Sole Proprietorship ( ) Government Entity ( ) LL Partnership ( ) Not for Profit

New Practice Opening On: \_\_\_\_\_ Number of Veterinarians on Staff: \_\_\_\_\_

Practice Purchased From: \_\_\_\_\_

Date Practice Purchased: \_\_\_\_\_ Covetrus Account Number, If Known: \_\_\_\_\_

Established Practice Since: \_\_\_\_\_

Purchase Order Required: ( ) Yes ( ) No

Preferred Invoice Delivery Method: ( ) In the Box ( ) Email \_\_\_\_\_ ( ) Fax \_\_\_\_\_  
(If different than above)

Member of Buying Group: \_\_\_\_\_

**WHAT TYPE OF PRODUCTS DO YOU INTEND TO PURCHASE? Check all that apply.**

\*Additional licenses needed for prescription medication, controlled substances and prescription medical devices.

\_\_\_\_\_ Over the Counter Products      \_\_\_\_\_ Prescription Products\*      \_\_\_\_\_ Medical Devices\*

\_\_\_\_\_ Controlled Substances (Complete DEA Compliance Form)\*      \_\_\_\_\_ Check if DEA Compliance Form was completed online

Please submit copies of all applicable federal and state licensure



SECTION I: ACCOUNT/CREDIT APPLICATION FORM  
 Applicants must complete all sections of this application  
 (Please be sure to sign the Application Agreement below)

**PAYMENT TERMS REQUEST**

- Open Monthly Net 25<sup>th</sup>
- ACH Weekly (Checking account automatically debited each Monday- please also complete enrollment on page 5)
- ACH Monthly (Checking account automatically debited on the 10th of each month- enrollment on page 5)
- MCV (Credit card automatically charged per order- please also complete enrollment on page 5)
- M10 (Credit card automatically charged on the 10th of each month- please also complete enrollment on page 5)

Please provide an estimate of average monthly purchases (select one):

- \$1,000 or less     Up to \$5,000     \$ 5,000 to \$10,000     If over \$10K, please list amount here: \_\_\_\_\_

*Note: Further information may be necessary for requests requiring a higher credit line*

- Initial Stocking Order/Extended Payment. An agreement form may be sent to you at your request.

Please consult with your sales representative for further details.

**CREDIT AGREEMENT**

This Credit Application and Agreement and the information contained herein ("Agreement") is a request for extension of credit from Butler Animal Health Supply, LLC d/b/a Covetrus North America ("Covetrus") to the Applicant that has applied and is named on the first page of the Credit Application ("Business or Practice") for commercial business use only. A Sole Proprietor must sign this Agreement. For all others, this Agreement must be signed by an officer or owner of the Business who is legally authorized to bind Business to the terms and conditions of this Agreement. All purchases of products will be governed by the Sales Terms and Conditions which are described in full at [www.northamerica.covetrus.com/sales-terms-conditions](http://www.northamerica.covetrus.com/sales-terms-conditions) and are incorporated into this Agreement by reference.

Applicant authorizes Covetrus to obtain a written credit report from any credit reporting agency at this time or at any time in the future, at the sole discretion of Covetrus. For sole proprietors or if a personal guaranty is being provided, Covetrus may obtain a personal credit report in addition to any reviews of the Applicant's business credit. If credit is extended, Business agrees to pay all debt incurred within the terms of sale. However, should Business' account become past due, Business agrees to pay all finance charges on past due amount at an interest rate of 1.5% per month or at a rate as may be required by applicable law. In addition, Business agrees to pay all interest, finance charges, collection costs and/or attorney fees incurred in connection with the collection of Business' account, which shall include return fees for dishonored payments.

Accounts with past due balances may have shipment suspended (Credit Hold) or may receive orders on a prepay basis, at Covetrus' discretion. Covetrus is under no obligation to provide Business with any other credit terms other than those set forth herein. Covetrus may use any remedies available to it under the Uniform Commercial Code and may pursue such remedies without prior notification to applicant.

Business also agrees that any delay or failure of Covetrus to enforce its rights under this Agreement shall not prevent Covetrus from enforcing any such rights at a later time.

Business agrees and acknowledges its responsibility to notify Covetrus immediately in writing upon a change of any of the information contained herein, including without limitation, (i) the ownership of Business, (ii) in the event that personal guaranty has been provided, any changes to the person(s) who have provided such guaranty, or (iii) the change in status of any licenses associated with this account.

**\*REQUIRED FOR ALL\***

\_\_\_\_\_  
 Signature of Financially Responsible Party

\_\_\_\_\_  
 Date of Signature

\_\_\_\_\_  
 Print Name of Financially Responsible Party

\_\_\_\_\_  
 Social Security Number of Financially Responsible Party

Personal Guaranty: As stated above, if Business is not an individual sole proprietor, a personal guaranty will be required from an owner or principal of the Business to guaranty the payment and performance of all obligations of the Business ("Financially Responsible Party"). Business authorizes Covetrus to obtain a written credit report from any credit reporting agency at this time or at any time in the future, at the sole discretion of Covetrus. By signing below, the Financially Responsible Party assumes personal liability for the payment and performance obligations of the Business and understands that he/she is personally responsible to pay any and all outstanding obligations of Applicant without any recourse to any other principal or officer of the Business.

**\*REQUIRED FOR CORPORATE, LLC, PARTNERSHIPS AND BUSINESS APPLICATIONS\***

\_\_\_\_\_  
 Signature of Financially Responsible Party

\_\_\_\_\_  
 Date of Signature

\_\_\_\_\_  
 Print Name of Financially Responsible Party

\_\_\_\_\_  
 Social Security Number of Financially Responsible Party



SECTION II: REGULATORY COMPLIANCE

\*Signature of Licensee is Required in the Regulatory Compliance Statement\*

Please complete the following and supply a legible copy of all applicable professional licensure. For additional information, please refer to the state license reference guide. Please request a customer update form to add additional licensees.

Federal DEA License Number (if ordering controlled substances)\*: \_\_\_\_\_

State professional license (Ex: DVM, Pharmacy, Wholesaler, Euthanasia Technician):

License Type: \_\_\_\_\_ License No: \_\_\_\_\_

Other state issued license/registration/permit or exemption letter: (Controlled substance license/permit, Ohio Terminal Distributor of Dangerous Drugs, Florida HCCE permit, etc.):

License Type: \_\_\_\_\_ License No: \_\_\_\_\_

\*If ordering controlled substances, complete the DEA Compliance Form included. We can only ship controlled substances to the address associated with the DEA license.

**Part I- To be completed by all customers except Researchers. Researchers are to complete part II.**

**REGULATORY COMPLIANCE STATEMENT - Signature Required**

Applicant acknowledges Covetrus' policy of selling prescription drugs, controlled substances and medical devices to persons who are properly licensed with applicable state and federal regulatory agencies. By signing, the applicant accepts responsibility for all products purchased from Covetrus at the above referenced shipping address.

Signature of Licensee: \_\_\_\_\_ Date: \_\_\_\_\_

**Part II- Researchers Only**

**RESEARCHER/TEACHING INSTITUTION**

Name on License : \_\_\_\_\_

Address on License: \_\_\_\_\_

License Type: \_\_\_\_\_ License No: \_\_\_\_\_

**Researchers:** List published paper or current research with animals at this facility or research protocol.

\_\_\_\_\_  
\_\_\_\_\_

**Researcher Acceptance of Responsibility – Researcher agrees to the following conditions to purchase from Covetrus:**

(1) Prescription drugs purchased from Covetrus will be used for animal diagnosis, treatment, research and/or teaching purposes; (2) will not be distributed (sold) further; (3) drugs are secured upon arrival at the above shipping location; (4) applicant will personally administer or provide direction of the proper use of prescription drugs purchased on the account; (5) will not submit any order to Covetrus for prescription drugs which are not included on approved research protocols.

Signature of Researcher: \_\_\_\_\_ Date: \_\_\_\_\_



ACCOUNT/CREDIT APPLICATION FORM  
Optional Automatic Payment Terms

Applicant has the option to submit one of the following auto payment terms . Please review page 3 of the Covetrus credit application for a complete list of available payment terms. All term requests are subject to credit approval.

**AUTOMATIC CREDIT CARD AGREEMENT**

I (we) hereby authorize Covetrus to accept my credit card as a method of payment for my account. Continued failure to obtain authorization for my charges may result in removal from the credit card payment plan. By signing below, I accept the terms and conditions of this agreement and authorize Covetrus to debit my card:

(Please Select One)                      Per Order (MCV) \_\_\_ or Monthly balance on 10th (M10) \_\_\_

Primary Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_  
Covetrus accepts Visa, MasterCard, Discover & American Express

Secondary Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Card Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SIGNATURE (Required for this agreement): \_\_\_\_\_ Date: \_\_\_\_\_

*Covetrus is prohibited from retaining card numbers on file without a signed agreement.*

**AUTOMATIC CHECK DEBIT AUTHORIZATION (ACH)**

I (we) hereby authorize Covetrus to initiate debit entries to my (our) bank account indicated below at the financial institution named below.

(Please Select One)                      Each MONDAY (or Tuesday in case of a holiday) \_\_\_ or Monthly Balance on 10<sup>th</sup> \_\_\_

Financial Institution Name: \_\_\_\_\_ Account Holder's Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_  
9 Digit Number

Please Select One:    Checking Account: ( )    or    Savings Account: ( )

SIGNATURE (Required for this agreement): \_\_\_\_\_ Date: \_\_\_\_\_

This authorization is to remain in full force and effect until Covetrus has received written notification from Business of its termination in such time and in such manner as to afford Covetrus and the financial institution a reasonable opportunity to act. Should funds not be available in account at the time of electronic transfer, Covetrus could place my account on Hold. Covetrus requires two business days notice if payment is not to be made through ACH debit for a given date.



# 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%

<b>Companion %</b>	<b>Equine %</b>	<b>Livestock %</b>	<b>Wildlife%</b>
<b>Exotics %</b>	<b>Rodent %</b>	<b>Non-Human Primate %</b>	<b>Other (please specify) %</b>

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.

<b>Veterinarians</b>	<b>Credentialed Technicians (Vet Techs, Euthanasia Techs)</b>	<b>Research Personnel</b>



# DEA Compliance Form

**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 \_\_\_\_\_

