

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 that require wholesale 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 Street Address _____			
City _____	State _____	Zip _____	
Phone Number _____	Email Address _____		

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

<input type="checkbox"/> Hospital/Clinic	<input type="checkbox"/> Emergency	<input type="checkbox"/> Animal Shelter/Control	<input type="checkbox"/> Research/Training
<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Referral	<input type="checkbox"/> 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 % _____	Non-Human Primate % _____
Exotics % _____	Rodent % _____	Wildlife % _____	Other (please specify) % _____

### 3. What are your normal days/hours of operation?

Normal Days/Hours of Operation: \_\_\_\_\_

### 4. Is the controlled substance usage for the individual registrant or the entire facility/program?

Individual Registrant       Entire Facility/Program

### 5. Please indicate 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 \_\_\_\_\_

## 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.** 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.

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

Average Number of Surgeries/Month \_\_\_\_\_

### RESEARCHERS — continue to Question 10

## 8. Please provide a ratio of methods of payment made by clients. Please enter numeric values.

Cash % \_\_\_\_\_ Credit % \_\_\_\_\_ Other (ex: insurance) % \_\_\_\_\_

## 9. Please provide a ratio of in-state to out-of-state patients seen. Please enter numeric values.

In-state % \_\_\_\_\_ Out-of-state % \_\_\_\_\_

## 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, or tertiary supplier?

Primary                  Secondary                  Tertiary

## 13. Please check; do you plan to order name brand Nembutal product?

No                          Yes

## 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?

No                          Yes, please briefly explain \_\_\_\_\_

## Covetrus sells the following controlled substance items

Alfaxan	Alprazolam	Brevital	Buprenorphine
Butorphanol	Carisoprodol	Chorulon*	Clonazepam
Demerol	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. This document will not be used for marketing purposes.

**List all scheduled drugs II thru V that will be ordered. This document will not be accepted if the following table is not complete.**

Product Name	Strength & Form	Quantity	Frequency (Do not use "as needed", "PRN", "varies", etc.)
Example: Alprazolam	0.5 mg tablets	100 tablets	every <u>  4  </u> weeks
Example: Fentanyl	50 mcg/mL injectable	50 mL	every <u>  8  </u> weeks
			every <u>      </u> weeks
			every <u>      </u> weeks
			every <u>      </u> weeks
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			every <u>      </u> weeks
			every <u>      </u> weeks

## DEA Registrant - Signature Required

By my signature below, I am affirming that the information above is accurate and that I am the individual 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

DEA Registrant Signature/Date (In Ink)

Please Return by fax 614-659-1948, or by email to [SOM@covetrus.com](mailto:SOM@covetrus.com)