

Once completed, please fax to 614-659-1679  
or email to SalesTax-NA@covetrus.com

Account # \_\_\_\_\_

**Mississippi Agricultural Exemption Certificate**

I hereby certify that the purchases I make from Butler Animal Health Supply, LLC DBA Covetrus North America are used in the care of fish, livestock, or poultry as required under 27-65-103(e), and such items purchased shall be exempt from tax.

I further certify that if any property purchased tax free is used or consumed in a manner as to make it subject to a sales or use tax, we will pay the tax due directly to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be a part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by the state.

\_\_\_\_\_  
Mississippi Sales and Use Tax ID# (if applicable)

\_\_\_\_\_  
Name on Registration

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title of Person Signing

\_\_\_\_\_  
Print Name of Person Signing

\_\_\_\_\_  
Date



Account # \_\_\_\_\_

Please check the items that you do not want to be taxed when purchased from Covetrus North America.

Companion Animal

- |   |  |
|---|--|
| <input type="checkbox"/> Pet Supplies (ex. toys, collars, leashes)    | <input type="checkbox"/> Non Prescription Dispensed Drugs                    |
| <input type="checkbox"/> Prescription Diets                           | <input type="checkbox"/> Prescription Dispensed Drugs                        |
| <input type="checkbox"/> Non-Prescription Diets                       | <input type="checkbox"/> Non Prescription Injectable Drugs                   |
| <input type="checkbox"/> E-Collars                                    | <input type="checkbox"/> Prescription Injectable Drugs                       |
| <input type="checkbox"/> Vitamins/Supplements/Nutraceuticals          | <input type="checkbox"/> Vaccines  |
| <input type="checkbox"/> Non Prescription Flea & Tick (ex. Frontline) | <input type="checkbox"/> Prescription Flea & Tick (ex. Comfortis)            |
| <input type="checkbox"/> Insulin Syringes                             | <input type="checkbox"/> Diabetic Supplies (ex. meters, test strips, etc...) |

Large Animal

- |  |
|--|
| <input type="checkbox"/> Non Prescription Dispensed Drugs  |
| <input type="checkbox"/> Prescription Dispensed Drugs      |
| <input type="checkbox"/> Non Prescription Injectable Drugs |
| <input type="checkbox"/> Prescription Injectable Drugs     |
| <input type="checkbox"/> Vaccines                          |

Equine

- |  |
|--|
| <input type="checkbox"/> Non Prescription Dispensed Drugs  |
| <input type="checkbox"/> Prescription Dispensed Drugs      |
| <input type="checkbox"/> Non Prescription Injectable Drugs |
| <input type="checkbox"/> Prescription Injectable Drugs     |
| <input type="checkbox"/> Vaccines                          |

General

- |   |  |
|---|--|
| <input type="checkbox"/> Syringes & Needles                             | <input type="checkbox"/> Administration Devices (ex. IV sets, catheters) |
| <input type="checkbox"/> Dispensing Supplies (ex. bottle, caps, labels) | <input type="checkbox"/> Medical Supplies (ex. gauze, tape, bandages)    |
| <input type="checkbox"/> Clinic Supplies (ex. cleaners, gloves, scrubs) | <input type="checkbox"/> Diagnostic Kits                                 |
| <input type="checkbox"/> Tools  | <input type="checkbox"/> Equipment                                       |

I understand that items that I use or administer in my practice are considered consumed by me and tax is due at the time of purchase. I certify that I may resell in their same form any/all items that I have indicated above or cannot, at the time of purchase, identify if I will use, use in an exempt manner, or resell the products I purchase. Accordingly, please do not tax me on any items indicated. If any additional tax is due, I will pay the tax directly to the jurisdiction or contact Covetrus North America to bill me the additional tax.

Signature \_\_\_\_\_

Date \_\_\_\_\_