

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

Account # _____



OFFICE OF STATE TAX COMMISSIONER
CERTIFICATE OF RESALE
SFN 21950 (11-2002)

I hereby certify that I hold _____ Sales and Use Tax permit number _____. I am engaged in the business
(State)
of selling, leasing or renting _____.
I further certify that the tangible personal property purchased from Butler Animal Health Supply, LLC DBA Covetrus North
America is purchased by me for resale.

**I further certify that I will report and remit any sales or use tax and any penalties which attach as a result of purchases from
the above seller which are used or consumed by me.**

Business Name

Business Address

Authorized Signature

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 _____