



DEA COMPLIANCE FORM


Credit Department
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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 also has a policy in place that requires distributors to "Know Your Customer." This questionnaire allows Penn Veterinary Supply, Inc. to obtain the necessary data to reasonably review your controlled substance activities and to assist you in protecting your interests as well.

1: DEA REGISTRANT INFORMATION

DEA Registrant Name	DEA Registration #		
DEA Registration Address			
City		State	Zip
Penn Veterinary Supply Account #	Penn Veterinary Supply Account Name		

2: DUE DILIGENCE

Total number of practitioners at this location	
Is the controlled substance activity for the entire clinic or just the individual registrant? <input type="checkbox"/> Entire Clinic <input type="checkbox"/> Registrant	
Is the registrant the responsible person for all recordkeeping and inventories? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If not, please explain the process and identify the responsible person.	
Indicate your business type: <input type="checkbox"/> Traditional <input type="checkbox"/> Emergency <input type="checkbox"/> Mobile <input type="checkbox"/> Research/Teaching <input type="checkbox"/> Animal Shelter/Control <input type="checkbox"/> Other	
Normal days/hours of operation	Average number of patients treated per day
Typical ordering pattern for controlled substance: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other, please explain	
Is Penn Veterinary Supply your sole supplier of controlled substances? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you intend to purchase from other distributors? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I attest that the information provided in the above "Know Your Customer" Due Diligence Form is true and accurate to the best of my knowledge.	
DEA Registrant Signature 	Date
Printed Name of DEA Registrant	

3: REGULATORY COMPLIANCE

Applicant is fully aware of Penn Veterinary Supply's policy of only selling prescription drugs and devices to an individual practitioner, researcher, company or business properly licensed with the applicable state regulatory agency. By signing as "Veterinary Practitioner/Licensee", this individual accepts the responsibility for all prescription products purchased from Penn Veterinary Supply at the shipping address provided by Applicant, and that under state regulations, they are ultimately responsible for the purchase, storage and account ability of the drugs and devices ordered under their state license until the anticipated use. Penn Veterinary Supply may wish to periodically review the shipping address provided to verify the continued relationship with the Practitioner/Licensee. However, the Practitioner/Licensee is ultimately responsible for notifying Penn Veterinary Supply when they are no longer associated with the shipping address provided within this application.

Licensee Signature of Veterinary Practitioner 	Licensee Date
Print Name of Veterinary Practitioner	

PLEASE FAX THIS COMPLETED FORM TO 717.656.2536; EMAIL TO CREDIT@PENNVET.COM OR MAIL TO 53 INDUSTRIAL CIRCLE, LANCASTER, PA 17601 ALONG WITH:

1. COPY OF CURRENT DEA REGISTRATION (REQUIRED)