

TDDD FORM

Credit Department
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TDDD LICENSE INFORMATION

If your practice is organized in Ohio as a corporation, partnership, limited liability company (LLC), or health care association, **and** has multiple practitioners (i.e. is not operating as a "sole practitioner"), **and** you receive dangerous drugs* then your practice MUST have an Ohio Terminal Distributor Drugs License (TDDD). Ohio law imposes monetary fines on physicians (including veterinarians) for violations of the TDDD licensure requirements that pharmaceutical distributors sell only to group practices with a valid TDDD license.

SOLO PRACTITIONER

If you are a sole practitioner and not incorporated, you may not need to obtain a TDDD license as long as we have documentation on file establishing that you are exempt. Please contact the Ohio State Board of Pharmacy at 614.466.4143 for more information. Below is a link to the Ohio State Board of Pharmacy website:

https://pharmacy.ohio.gov/Default.aspx

DEFINITION OF DANGEROUS DRUGS

Dangerous drugs are defined in the Ohio Revised Code as any drug requiring a prescription, bears on the label a Federal Legend (Rx Only or Caution: Federal law prohibits dispensing without a prescription), or is intended for injection into the human body. This includes antibiotics, vaccines, sterile saline, local anesthetic injectable products, insulin, and medical oxygen as well as controlled substances. See ORC 4729.01(F)

CHECK ONE:	
$\hfill\Box$ This entity is not required to obtain the Ohio TDDD License. After reviewing the requirement this TDDD license.	ents of this permit, we have determined that it will not be necessary for our account to obtain
☐ Entity listed below has valid TDDD license number.	(Please include a copy of the license for Penn Veterinary Supply, Inc. records)
☐ The Penn Veterinary Supply, Inc. account listed below has applied for the TDDD license, b Penn Veterinary Supply, Inc. records.)	out has not received the license yet. (Please include a copy of the TDDD Application for
Ohio DVM License #	
Account / Clinic Name	
TDDD License Number (If applicable, pending application, or N/A)	
Designated Responsible Person; Name and Personal License	
Billing Address	
Shipping Address	
Phone Number	Fax Number
Signature	Date

PLEASE FAX COMPLETED APPLICATION TO 717.656.2536 OR EMAIL CREDIT@PENNVET.COM OR MAIL TO 53 INDUSTRIAL CIRCLE, LANCASTER, PA 17601