

Dear Doctor:

Thank you for choosing Henry Schein Animal Health as your Veterinary distribution partner. We welcome this opportunity to provide you with the products and services necessary to conduct your practice and manage your business. It is our Mission to provide the best customer experience possible.

As you complete this application, should you have any questions, you may ask your local Sales Representative or call our Credit Department at (800) 848-5983. One of our representatives will gladly answer your questions or provide you with the additional information you need. Once completed, you can mail the application to the address listed in the upper right corner of the application form, or you may fax the completed application to the Henry Schein Animal Health Credit Department at (614) 760-0639.

In addition, if you are opening this account for a new practice, a recently purchased practice, or a remodeled practice, Henry Schein Animal Health offers an opening order financing program. This program provides for the interest-free repayment of the purchases over 10 monthly installments. You may receive more information about new practice programs from your local Sales Representative or by calling the Henry Schein Animal Health Credit Department.

Thank you for giving us this opportunity to serve you. We appreciate this expression of confidence and look forward to a long and mutually beneficial relationship.

Sincerely,



Francis X. Dirksmeier
President

**HENRY SCHEIN ANIMAL HEALTH
ACCOUNT/CREDIT APPLICATION FORM**

Applicants must complete all sections of this application

TM# _____ (Please be sure to sign the Application Agreement on page 3)

Corporate Office:
400 Metro Place North
Dublin, Ohio 43017-7545
Web: www.henryscheinvet.com
Local: 614-761-9095
WATS: 800-258-2148
FAX: 614-760-0639

SECTION I: CUSTOMER INFORMATION

Name of Veterinary Practitioner/Licensee (Last, First, Middle Initial)

Name of Business or Practice

(____) (____) _____
Business Phone Number Business Fax Number

Email Address: Electronic correspondence may be provided to you upon your request. You will receive notification of your online statement availability at this email address.

_____/_____/_____
Name of Financially Responsible Party Social Security Number

Business or Practice Billing Address City State Zip Code County

Business or Practice Shipping Address City State Zip Code County

- () I authorize Henry Schein Animal Health permission to send faxes, such as invoices, statements and timely specials to my assigned fax number as listed above.
() I do not authorize Henry Schein Animal Health to send any faxed correspondence to my practice.
Initials: _____

LICENSING AND TAX DOCUMENTS

DVM License No: _____
(Enclose copy)

State(s) Licensed in: _____
(Enclose copy)

DEA registration () (Check if ordering controlled substances. Must also complete the DEA compliance form. See attached document).

Tax ID number or EIN (if applicable)
Please enclose any state sales tax exemption certificates.

SECTION II: PRACTICE INFORMATION

PRACTICE TYPE Choose all that apply:

- () Practice opening on: _____
() Practice purchased from: _____
() Date purchased practice: _____
Number of Full Time Veterinarians on staff: _____

- () SA - Small Animal () Other: _____
() LA - Large Animal () MI - Military
() EP - Equine () PS - Pet Service/Board/Groomer
() MP - Mixed Practice () HS - Humane/Shelter/Rescue
() MS - Mixed, Mostly Small () TI - Teaching Institution
() ML - Mixed, Mostly Large () RI - Research Institution
() GV - Government () ZO - Zoo/Aquarium

Purchase Order # Required () YES () NO Contact Name/Number for Purchases: _____
How would you prefer to receive your invoices (Select one):
() Standard, in the box with delivery; () Email _____; or () Fax (____) _____ - _____

SECTION III: CREDIT REQUEST- (Please select a payment term)

ESTIMATE OF MONTHLY PURCHASES:

- Payment term requests are subject to credit approval.
() Open Monthly Net 25th
-or- AUTOMATIC CREDIT CARD PAYMENT
Visa, MasterCard, American Express or Discover accepted
() MCV Auto per order (Enrollment form on page 4)
() M10 Monthly balance on 10th (Enrollment form on page 4)
-or- ACH-AUTO CHECK DEBIT
() ACH Weekly (Each Monday) (Enrollment form on page 4)
() ACH Monthly balance on 10th (Enrollment form on page 4)

(Please select one)

- () \$ 1,000 or less
() Up to \$ 5,000
() Between \$ 5,000 to \$10,000
() Over \$ 10,000, please indicate amount.

Further information may be necessary:

\$ _____

() Initial Stocking Order Extended Payment
An agreement form may be sent to you at your request. Please consult with your sales representative for further details.

Application Agreement

All applicants must complete this page in its entirety

1. CREDIT AGREEMENT

This application and the information contained herein ("Agreement") is a request for extension of credit from Henry Schein Animal Health (HSAH) to the undersigned ("Applicant") for commercial business use only and Applicant certifies that it is doing business as: *please check one* () Corporation () Partnership () Sole Proprietorship () Government

Applicant authorizes HSAH to obtain a written or oral credit report from any credit reporting agency. If credit is extended, Applicant agrees to pay all debt incurred within the terms of sale. However, should Applicant's debts become past due, Applicant agrees to pay all finance charges on past due amount at an interest rate of 1.5% per month or such lower rate as may be required by applicable law. To secure payment for all purchases from HSAH, now and in the future, Applicant hereby grants HSAH a continuing security interest in all of Applicant's presently owned or hereafter (a) goods, (b) instruments, (c) Chattel paper, (d) books and records, (e) accounts, (f) accounts receivable, (g) general intangibles, and (h) payment intangibles and together with all proceeds and all support obligations thereof.

Accounts with past due balances may have shipment suspended (Credit Hold) or may receive orders on a prepay basis, at HSAH's discretion, without prior notification to Applicant. HSAH may elect to maintain an account under these terms, and HSAH is under no obligation to provide Applicant with any other credit terms.

Applicant further expressly agrees to pay all interest, finance charges, collection costs and/or attorney fees incurred in connection with the collection of Applicant's account, to include return fees for dishonored payments. HSAH may also use any of the remedies available to it under the Uniform Commercial Code or any other applicable law, and may pursue such remedies without prior notification to Applicant. Applicant also agrees that any delay or failure of HSAH to enforce its rights under this Agreement shall not prevent HSAH from enforcing any such rights at a later time. By signing this Agreement, Applicant agrees and acknowledges its responsibility to notify HSAH immediately in writing upon a change of any of the information contained herein, including without limitation, (I) the ownership of Applicant, (II) the identity of the financially responsible party under this Agreement, or (III) the change in status of any licenses associated with this account.

If Applicant is doing business other than as an individual, a principal or officer of Applicant must guarantee the payment and performance of all obligations of Applicant by signing below as the Financially Responsible Party. The person signing this Agreement as the Financially Responsible Party assumes personal liability for the payment and performance obligations of Applicant and may be called upon to pay any and all outstanding obligations of Applicant without any recourse to any other principal or officer of Applicant.

**** Required Field****

Print Name of Financially Responsible Party

Signature Financially Responsible Party Date

2. REGULATORY COMPLIANCE

Applicant is fully aware of HSAH'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 HSAH at the shipping address provided by Applicant, and that under state regulations, they are ultimately responsible for the purchase, storage and accountability of the drugs and devices ordered under their state license until the anticipated use.

HSAH 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 HSAH when they are no longer associated with the shipping address provided within this application.

**** Required Field****

Print Name of Veterinary Practitioner/Licensee

Signature of Veterinary Practitioner/Licensee Date

HENRY SCHEIN ANIMAL HEALTH AUTO PAYMENT TERMS
(Optional payment terms for Auto Credit Card or ACH)

Applicant has the option to submit one of the following auto payment terms described below along with the two page credit application. Please review Section III of the Henry Schein Animal Health (HSAH) credit application for a complete list of available payment terms. All term requests are subject to credit approval.

AUTOMATIC CREDIT CARD AGREEMENT

I (we) hereby authorize Henry Schein Animal Health (HSAH) to accept my credit card as a method of payment for my account. Continued failure to obtain authorization for my charges may result in removal from the credit card payment plan. By signing this agreement, I accept the terms and conditions of this agreement and authorize HSAH to debit my card:

(Please Select One) **Per Order (MCV)** _____, or **Monthly balance on 10th (M10)** _____.

Primary Card Number: _____ Exp Date: _____

HSAH accepts Visa, MasterCard, Discover & American Express

Secondary Card Number: _____ Exp Date: _____

Cardholder's Name: _____

Card Billing Address: _____ City: _____ State _____ Zip: _____

SIGNATURE (Required for this agreement): _____ Date: _____

HSAH is prohibited from retaining card numbers on file without a signed agreement.

Henry Schein Animal Health PO Box 7153, Dublin OH 43017 Fax: 614-760-0639 Telephone: 800-258-2148

-OR-

AUTOMATIC CHECK DEBIT AUTHORIZATION (ACH)

I (we) hereby authorize Henry Schein Animal Health (HSAH) to initiate debit entries to my (our) checking account indicated below at the depository named below, hereafter called DEPOSITORY,

(Please Select One) **each MONDAY (or Tuesday in case of a holiday)** _____, or **Monthly Balance on 10th** _____.

DEPOSITORY NAME: _____ Account Holder's Name: _____

Routing Number: _____ Account Number: _____
9 Digit Number

Please Select One: Checking Account: () or Savings Account: ()

SIGNATURE (Required for this agreement): _____ Date: _____

This authorization is to remain in full force and effect until HSAH has received written notification from me of its termination in such time and in such manner as to afford HSAH and Depository a reasonable opportunity to act. Should funds not be available in account at the time of electronic transfer, HSAH could place my account on Hold. HSAH requires two business days notice if payment is not to be made through ACH debit for a given date.

Henry Schein Animal Health PO Box 7153, Dublin OH 43017 Fax: 614-760-0639 Telephone: 800-258-2148

HENRY SCHEIN ANIMAL HEALTH (HSAH) TERMS AND CONDITIONS OF SALE

- I. **PAYMENT TERMS:** Standard payment terms are Net 25th for all eligible accounts and purchases. All sales are payable by the 25th of the following month after the date of the invoice unless specifically stated otherwise. Payment terms are subject to credit approval.

- II. **RETURNS AND ALLOWANCE POLICY:** Product must be returned within one year of purchase. All product returns and other requests for credit must receive prior authorization from HSAH, by the issuance of a Return Authorization form. HSAH will consider for return or credit items that are (or were) in our catalog and that are in saleable condition or returnable to the vendor based on that vendor's current return policy. HSAH reserves the right to deny credit on returns based on inspection of items upon receipt at a HSAH facility.

Credits for outdates, damages, shipping errors and wrong product orders will be issued at the full purchase price provided HSAH is notified AND a Return Authorization is generated within 20 days of the invoice date. Products reported for return after 21 days and up to 60 days of invoice date will receive 90% credit; products reported after 60 days and up to one year after invoice date will receive 80% credit. Authorizations after one year of invoice date will receive 75% credit. Items credited or returned due to product recalls will be issued at 100% credit, regardless of date of invoice.

- III. **LATE CHARGES:** A late payment service charge will be levied on past due invoice balances at the rate of 18% per annum or at the maximum allowed by law.

- IV. **MINIMUM ORDER FEE:** HSAH reserves the right to charge a minimum order fee.

DEA Compliance Form

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 provides HSAH with necessary data to help satisfy this DEA requirement and will assist HSAH in maintaining compliance for our customers and their controlled substance purchases.

DEA Registrant Name	
Facility Name	
DEA Number	
DEA Registration Address	
DEA Registration City, State, Zip	
Phone number and/or e-mail address	
HSAH Account Number (if assigned)	

Note: The information requested in the box above must match what was submitted and is printed on the Federal DEA registration license.

1. Indicate your business Type. Check all that apply.

Traditional
 Emergency
 Mobile
 Research/Teaching
 Animal Shelter/Control
 Other _____

2. Identify the percentage of species you most commonly work with.

Canine %	Feline %	Nonhuman Primate %	Avian %	Exotics %
Equine %	Rodent %	Bovine/Ovine/Porcine%	Reptile %	Wildlife%
Other:				

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

4. How many DVMs, researchers, investigators and/or euthanasia techs will use the controlled substance items purchased under this DEA?

DVM/VMDs/MDs	Credentialed Vet Techs	Euthanasia Techs (animal shelters, mid-level practitioners)	Researchers/Investigators

Instructions For question 5:

Please note: 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 and the information provided is kept strictly confidential.

New Practices: Please estimate to the best of your ability, based on your business model.

DEA Compliance Form

5. How many animals are treated, medicated and examined (We cannot accept this document with blank spaces, "varies" or NA.)

If you are a:	Average number of animals examined/treated each:	Average Number of animals euthanized each:	Average number of animals treated with controlled substances each:	Average number of animals in study groups/colonies
	<u>Day</u> <u>Week</u> <u>Month</u> (Circle One)	<u>Day</u> <u>Week</u> <u>Month</u> (Circle One)	<u>Day</u> <u>Week</u> <u>Month</u> (Circle One)	(Ranges and annual numbers are acceptable)
DVM/VMD/MD				
Animal Control Shelter				
Researcher				

6. Please list all individuals who oversee and/or are responsible for record keeping of controlled substances at your facility. Please include their title/role in the facility. Should we need to verify an order with you, we will be asking for the individuals listed on this document. (Attach additional sheets if needed).

Name	Title/Role in the facility

7. Indicate the types of DEA regulated products you order or plan to order from HSAH. Check all that apply. (See page 3 for a complete list).

- Anti-Seizure Euthanasia solutions Tranquilizers/Sedatives
 Pain Management/Pre-Anesthetics Induction agents List 1 Chemicals (Proin & Tri-Hist)

Other: Please list _____, _____, _____

8. How often do you order or anticipate ordering controlled substances from HSAH (We cannot accept "as needed").

- Daily Weekly Monthly Bi-monthly Quarterly Semi-annually Annually

9. Do you plan to order controlled substances from other suppliers? YES or NO (circle one)

10. Do you order schedule 2 product online (digital certificate) or by mail (222 form)? MAIL or ONLINE (circle one)

11. Do you plan on ordering Nembutal product? YES or NO (circle one)

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 have answered 'YES' to question 11 and 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.

DEA Registrant Signature/Date (In Ink)

Printed Name of DEA Registrant

PLEASE FAX YOUR COMPLETED FORM TO 614-659-1948-OR E-MAIL IT TO SOM@HENRYSCHEINVET.COM

DEA Compliance Form

<u>Category</u>	<u>Items Stocked by HSAH</u>
Anti-Seizure Medication	Phenobarbital
Pain Management/Pre-anesthetic	Buprenex, Buprenorphine, Butorpic Carisoprodol Duramorphine Fentanyl (Topical, Injectable, Patch) Hydrocodone Hydromorphone, Morphine Methadone Opana Torbugesic, Torbutrol, Butorpic, Dolorex Tramadol
Sedative/Tranquilizer	Alprazolam Diazepam Midazolam Nembutal
Induction Agent	Alfaxan Brevital Ketaset, Ketathesia, Ketaved Telazol
Euthanasia Solutions	Beuthanasia-D Euthasol Fatal Plus Socumb Somnasol
List 1 Chemicals	Proin Tri-Hist
Other	Chorulon Diphenoxylate, Lomotil Hydrocodone/Homatropine