



21467 Holyoke Avenue Lakeville, MN 55044
Phone: (800) 328-2975 Fax: 888-665-8111

2022 DVM & DEA Authorization Form

To whom it may concern,

I, Dr. _____, _____, _____ authorize the clinic listed below to utilize my licenses listed below to purchase prescription or controlled products. This authorization will be in effect from the date listed below until I provide a written notification to Midwest Veterinary Supply to terminate the use of my information.

State DVM License _____
DVM License Number Expiration Date

DEA License Number _____
DEA License Number Expiration Date

Account Number: _____

Clinic Name: _____

Clinic/DEA Address: _____

City, State, Zip: _____

Phone Number: _____

DVM Name (Please Print)

DVM Signature

Effective Date

*****Please Submit Physical Copies of Licenses with Form*****

Email: customer.licensing@midwestvet.net