



midwest
veterinary supply

21467 Holyoke Avenue Lakeville, MN 55044

DVM & DEA Authorization

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 _____
(License number) (Exp. Date)

DEA License Number _____
(License number) (Exp. Date)

Account Number: _____

Clinic Name: _____

Clinic/DEA Address: _____

City, State, Zip: _____

Phone Number: _____

DVM Name (Please Print)

DVM Signature

Effective Date

*****Please Submit Copies of Licenses with Form*****
Please fax to 612-255-3287