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DEA "Know Your Customer" Due Diligence Form

The Code of Federal Regulations, 21CFR Part 1301.74(b) requires distributors of controlled substances to design and operate a system to identify suspicious orders. Suspicious orders may include those of unusual size, deviating substantially from a normal historical pattern, and/or orders of unusual frequency. The following "Know Your Customer" Due Diligence Form allows Midwest Veterinary Supply, Inc. (MVS) to obtain the necessary data to reasonably review your controlled substance activities and to assist you in protecting your interests as well. Because this is a requirement of the DEA and several states, controlled substance orders may not be placed until this form has been completed and reviewed by MVS's Customer Licensing Department. Please note that we may provide a copy of this form to the DEA and any other federal or state regulatory agencies when appropriate.

New Account KYC Form Renewal Account Reactivation Account Update

 MVS Account Name

 MVS Account Number

I. DEA Registrant Information (as it appears on DEA Registration)

 DEA Registrant Name

 DEA Registration Number

 DEA Registration Address

 City

 State

 Zip

 County

Check all applicable schedules: 2 2N 3 3N 4 5

NOTE: If at any time your DEA standing, approved schedules or registered address changes you must notify MVS immediately.

II. License Information

Practitioner State Veterinary License

Terminal Distributor of Dangerous Drugs License (OH Only)

 Issuing State

 License Number

 License Number

State Controlled Substance License (if applicable)

 Issuing State

 License Number

1. Is there anyone other than the DEA Registrant authorized to sign 222 order forms? If yes, please provide a copy of the properly executed power of attorney.

Yes, Documents Attached No, I have sole Authorization

2. Total number of DEA Registrants at this location: _____

3. Is the controlled substance usage for the individual registrant or for the entire clinic/location?

Individual Registrant Entire Clinic/Location

4. Please identify the person(s) responsible for all recordkeeping and inventories below:

Responsibility	Name	Title

III. Practice Information

1. Identify the percentage of species you most commonly work with. Total should equal 100%.
 Canine/Feline_____ Bovine_____ Equine_____ Swine_____ Other (please specify)_____

2. Please check all that apply to your practice type:
 Traditional Clinic Emergency Clinic Mobile Research University Shelter/Humane Society
 Other (please specify):_____

3. Normal days/hours of operation:_____

4. Average number of patients treated per day:_____

IV. Controlled Substance Purchases

1. Identify the following types of products you expect to purchase from MVS. (Total to equal 100%)

Controlled Substances:_____ % of total purchases
 Non-Controlled Prescriptions:_____ % of total purchases
 Non-Prescriptions (OTC):_____ % of total purchases

2. Typical Ordering Pattern for Controlled Substances:
 Daily Weekly Monthly Yearly Other_____

3. Is MVS your sole supplier of controlled substances? Yes No

4. List top 5 highest volume, controlled substances of anticipated purchases or actual usage if that data is available. Start-up entities please provide estimates.

Controlled Substance Product	Monthly Usage in Dosage Unit Format

V. Sanctions/Discipline

1. Has the practitioner been sanctioned/disciplined within the last 10 years in any state(s) where they are or have been licensed? Yes No

If yes, give details (when, why, etc.) and submit any supporting documents:

2. Has the practitioner, owner, or any employee had a DEA registration or state license/registration suspended, revoked, or disciplined within the last 10 years? Yes No

If yes, give details (when, why, etc.) and submit any supporting documents:

3. Has a supplier ever suspended or ceased controlled substance sales to the entity? Yes No

If yes, give details (when, why, etc.) and submit any supporting documents:

VI. Ohio Customers Only

Pursuant to Ohio Administrative Rule 4729:6-3-05 of the Ohio Administrative Code, please answer the following questions:

1. Did the practitioner dispense any controlled substances from the office supply for the customer to administer at home during the previous calendar year? Yes No

If yes, at time of onboarding and annually thereafter, practitioner is required to provide a 12-month drug utilization report (DUR) summary of all controlled substances and/or Gabapentin dispensed or otherwise furnished to any patient for administration outside the practice. The 12-month DUR must be in electronic format (excel or CSV) and cannot include any protected health information (PHI). The report should include the following data elements: 1. NDC number 2. Drug description (name, strength, dosage form) 3. Quantity dispensed over the past 12-month period (total number of tabs/caps, millilitres (injectable, oral, solution/syrup), grams (topical), patches).

2. What is your ratio of in-state patients versus out-of-state patients?

In-state _____% Out-of-state _____%

3. Types of payments the practice receives. Total to equal 100%.

Cash _____% of revenue Other _____% of revenue

Please list other types _____

VII. Disclaimer

Midwest Veterinary Supply, Inc. (MVS) relies on the information on this form to help determine if it will distribute controlled substances to a Practitioner. Practitioner agrees to inform MVS within 10 days of any changes to its business that would impact the accuracy and completeness of the information. This includes changes in address, business name, DEA registrant, legal/discipline charges, etc. The DEA Know Your Customer form will expire every three years from the date signed.

Please attach additional documentation with the completed form:

- Copy of current DEA registration
- State controlled license (if applicable)
- Power of Attorney Authorization (if applicable)
- Discipline/Sanctions supporting documents (if applicable)
- 12-month Drug Utilization Report (DUR) summary (Ohio customers only)

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.

Printed Name of DEA Registrant

Date

Primary DEA Registrant Signature

Please Return Completed Form & Required Documents to customer.licensing@midwestvet.net or fax to 888-700-7630