midwest veterinary supply
21467 Holyoke Avenue Lakeville, MN 55044
Phone: (800) 328-2975 **Online:** www.midwestvet.net

DVM & DEA Authorization Form

To whom it may concern,

I, Dr._____, authorize MVS to ship products to the address listed below, which I certify is an authorized locations under applicable federal and state laws and guidelines pertaining to the shipment of prescription and controlled products. I understand that prescription drugs must be lawfully prescribed and dispensed under Title 21 U.S.C. §353(f) and should not be shipped to an end user without required labeling. This authorization will be in effect from the date listed below until I provide a written notification to Midwest Veterinary Supply, Inc. to terminate the use of my information.

State DVM License _____ _____
(DVM License Number) (Expiration. Date)

DEA License Number _____ _____
(DEA License Number) (Expiration Date)

State Controlled License _____ _____
(License Number) (Expiration Date)

Account Number:_____

Clinic Name:_____

Clinic/DEA Address:_____

City, State, Zip:_____

Phone Number:_____

_____
DVM Name (Please Print)

_____
DVM Signature - Physical Signature Required

_____
Effective Date

******Please Submit Physical Copies of Licenses with Form******
Email: customer.licensing@midwestvet.net