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Pursuant to Ohio Administrative Rule 4729:6-3-05 of the Ohio Administrative Code, this questionnaire is to be completed by the authorizes veterinary practice representative.

Section 1 - General information

1 Practitioner name (as it appears on DEA registration) _____

2 Practice information (as it appears on DEA registration)

Name _____ Phone _____

Street _____ Email _____

City _____ Website _____

State _____ Zip _____

3 Practitioner state veterinary license number _____

Practitioner DEA registration number _____

Terminal distributor of dangerous drugs license _____

4 Facility controlled substance state license (if applicable) _____

5 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

5a If yes, practitioner is required to provide a 12-month drug utilization report (DUR) summary of all controlled substances dispensed or otherwise furnished to any patient/customer during the previous calendar year.

6 What is the percentage of the following types of legend drug products (**based on dosage units**) you purchase from all suppliers? Selection(s) should add up to 100%.

Non-controlled Rx _____ % of total purchases

Controlled substances _____ % of total purchases

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

In-state _____ %

Out-of-state _____ %

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

Cash _____ % of revenue

Other _____ % of revenue

Please list other types

Section 2 - Acknowledgment

By signing below, practitioner acknowledges that:

MWI relies on the information provided on this form to help determine whether it will distribute controlled substances to practitioner. Practitioner agrees to inform MWI of any changes to its business that would impact the accuracy or completeness of the information contained herein.

MWI reserves the right, within its sole discretion, to refuse to ship controlled substances to any customer. Any materially incorrect information on the CSMP Form 590 will be grounds for MWI, at its sole discretion, to immediately cease distribution of any or all controlled substances to practitioner and/or to terminate MWI's relationship with practitioner. Practitioner has an effective compliance program and adheres to all requirements imposed upon it for the distribution of controlled substances as promulgated in the CFR and by any applicable federal, state, or local board of practitioner or other regulatory body.

Practitioner will indemnify and hold harmless MWI, its parent companies, affiliates, subsidiaries, shareholders, officers, directors, employees, agents, and representatives from any and all economic damage that results from practitioner providing MWI with materially incorrect information on this form or from failing to have in place an effective compliance program.

Practitioner/owner/authorized representative:

Name _____

Signature _____

Title _____

Date _____