

Dear Doctor:

Thank you for choosing Henry Schein Animal Health as your Veterinary distribution partner. We welcome this opportunity to provide you with the products and services necessary to conduct your practice and manage your business. It is our Mission & Vision to provide you with the highest levels of customer service available in the animal health industry and to have the right products, in the right place, at the right time.

As you complete this application, should you have any questions, you may ask your local Sales Representative or call our Credit Department at (800) 848-5983. One of our representatives will gladly answer your questions or provide you with the additional information you need. Once completed, you can mail the application to the address listed in the upper right corner of the application form, or you may fax the completed application to the Henry Schein Animal Health Credit Department at (614) 760-0639.

In addition, if you are opening this account for a new practice, a recently purchased practice, or a remodeled practice, Henry Schein Animal Health offers an opening order financing program. This program provides for the interest-free repayment of the purchases over 10 monthly installments. You may receive more information about new practice programs from your local Sales Representative or by calling the Henry Schein Animal Health Credit Department.

Again, “Thank You” for giving us this opportunity to serve you. We appreciate this expression of confidence and look forward to a long and mutually beneficial relationship.

Sincerely,



Kevin R. Vasquez
Chairman, President and CEO

**HENRY SCHEIN ANIMAL HEALTH
ACCOUNT/CREDIT APPLICATION FORM**

Applicants must complete all sections of this application
(Please be sure to sign the Application Agreement on page 3)

Corporate Office:
400 Metro Place North
Dublin, Ohio 43017-7545
Web: www.henryscheinvet.com
Local: 614-761-9095
WATS: 800-258-2148
FAX: 614-760-0639

SECTION I: CUSTOMER INFORMATION

Name of Veterinary Practitioner/Licensee (Last, First, Middle Initial)

Name of Business or Practice

(____) _____ (____) _____
Business Phone Number Business Fax Number

Email Address: electronic correspondence may be provided to you upon your request. Please consult with your Henry Schein Animal Health sales representative to obtain additional details.

_____/_____/_____
Name of Financially Responsible Party Social Security Number

Business or Practice Billing Address City State Zip Code County

Business or Practice Shipping Address City State Zip Code County

- I authorize Henry Schein Animal Health permission to send faxes, such as invoices, statements and timely specials to my assigned fax number as listed above.
 I do not authorize Henry Schein Animal Health to send any faxed correspondence to my practice.
Initials: _____

LICENSING AND TAX DOCUMENTS

DVM License No: _____
(Enclose copy)

State(s) Licensed in: _____
(Enclose copy)

DEA registration () (Check if ordering controlled substances. Must also complete the DEA compliance form. See attached document).

Tax ID number or EIN (if applicable)
Please enclose any state sales tax exemption certificates.

SECTION II: PRACTICE INFORMATION

PRACTICE TYPE

- New practice opening on: _____
 Practice purchased from: _____
 Date purchased practice: _____
 Established practice since: _____

- SA - Small Animal Exclusive LA - Large Animal
 PP - Porcine MS - Mixed, Mostly Small
 EP - Equine GI - Government
 MP - Mixed Practice RI - Research Institution
 FP - Feline TI - Teaching Institution
 ML - Mixed, Mostly Large BP - Bovine
 Other (Describe Type of Practice): _____

Purchase Order # Required YES NO Contact Name/Number for Purchases: _____
How would you prefer to receive your invoices (Select one):
 Standard, in the box with delivery; Email _____; or Fax (____) _____ - _____

SECTION III: CREDIT REQUEST- (Please select a payment term)

ESTIMATE OF MONTHLY PURCHASES:

- Payment term requests are subject to credit approval.
 Open Monthly 1% 10th Net 25th -or-
 C.O.D (Check on delivery, includes 1% discount)
-or- AUTOMATIC CREDIT CARD PAYMENT (NO DISCOUNT)
Visa, MasterCard, American Express or Discover accepted
 MCV Auto per order (Enrollment form on page 4)
 M10 Monthly balance on 10th (Enrollment form on page 4)
-or- ACH-AUTO CHECK DEBIT (1% DISCOUNT ELIGIBLE)
 ACH Weekly (Each Monday) (Enrollment form on page 4)
 ACH Monthly balance on 10th (Enrollment form on page 4)

(Please select one)

- \$ 1,000 or less
 Up to \$ 5,000
 Between \$ 5,000 to \$10,000
 Over \$ 10,000

Initial Stocking Order Extended Payment
An agreement form may be sent to you at your request. Please consult with your sales representative for further details.

Application Agreement

All applicants must complete this page in its entirety

1. CREDIT AGREEMENT

This application and the information contained herein ("Agreement") is a request for extension of credit from Henry Schein Animal Health (HSAH) to the undersigned ("Applicant") for commercial business use only and Applicant certifies that it is doing business as: *please check one* () Corporation () Partnership () Sole Proprietorship () Government

Applicant authorizes HSAH to obtain a written or oral credit report from any credit reporting agency. If credit is extended, Applicant agrees to pay all debt incurred within the terms of sale. However, should Applicant's debts become past due, Applicant agrees to pay all finance charges on past due amount at an interest rate of 1.5% per month or such lower rate as may be required by applicable law. To secure payment for all purchases from HSAH, now and in the future, Applicant hereby grants HSAH a continuing security interest in all of Applicant's presently owned or hereafter (a) goods, (b) instruments, (c) Chattel paper, (d) books and records, (e) accounts, (f) accounts receivable, (g) general intangibles, and (h) payment intangibles and together with all proceeds and all support obligations thereof.

Accounts with past due balances may have shipment suspended (Credit Hold) or may receive orders on a cash on delivery basis (COD), at HSAH's discretion, without prior notification to Applicant. HSAH may elect to maintain an account under these terms, and HSAH is under no obligation to provide Applicant with any other credit terms.

Applicant further expressly agrees to pay all interest, finance charges, collection costs and/or attorney fees incurred in connection with the collection of Applicant's account, to include return fees for dishonored payments. HSAH may also use any of the remedies available to it under the Uniform Commercial Code or any other applicable law, and may pursue such remedies without prior notification to Applicant. Applicant also agrees that any delay or failure of HSAH to enforce its rights under this Agreement shall not prevent HSAH from enforcing any such rights at a later time. By signing this Agreement, Applicant agrees and acknowledges its responsibility to notify HSAH immediately in writing upon a change of any of the information contained herein, including without limitation, (I) the ownership of Applicant, or (II) the identity of the financially responsible party under this Agreement.

If Applicant is doing business other than as an individual, a principal or officer of Applicant must guarantee the payment and performance of all obligations of Applicant by signing below as the Financially Responsible Party. The person signing this Agreement as the Financially Responsible Party assumes personal liability for the payment and performance obligations of Applicant and may be called upon to pay any and all outstanding obligations of Applicant without any recourse to any other principal or officer of Applicant.

**** Required Field****

Print Name of Financially Responsible Party

Signature Financially Responsible Party Date

2. REGULATORY COMPLIANCE

Applicant is fully aware of HSAH's policy of only selling prescription drugs and devices to an individual practitioner, researcher, company or business properly licensed with the applicable state regulatory agency.

By signing as "Veterinary Practitioner/Licensee", this individual accepts the responsibility for all prescription products purchased from HSAH at the shipping address provided by Applicant, and that under state regulations, they are ultimately responsible for the purchase, storage and accountability of the drugs and devices ordered under their state license until the anticipated use.

HSAH may wish to periodically review the shipping address provided to verify the continued relationship with the Practitioner/Licensee. However, the Practitioner/Licensee is ultimately responsible for notifying HSAH when they are no longer associated with the shipping address provided within this application.

**** Required Field****

Print Name of Veterinary Practitioner/Licensee

Signature of Veterinary Practitioner/Licensee Date

HENRY SCHEIN ANIMAL HEALTH AUTO PAYMENT TERMS
(Optional payment terms for Auto Credit Card or ACH)

Applicant has the option to submit one of the following auto payment terms described below along with the two page credit application. Please review Section III of the Henry Schein Animal Health (HSAH) credit application for a complete list of available payment terms. All term requests are subject to credit approval.

AUTOMATIC CREDIT CARD AGREEMENT

I (we) hereby authorize Henry Schein Animal Health (HSAH) to accept my credit card as a method of payment for my account. I understand there is **NO DISCOUNT** allowed when using a credit card. Continued failure to obtain authorization for my charges may result in removal from the credit card payment plan. By signing this agreement, I accept the terms and conditions of this agreement and authorize HSAH to debit my card:

(Please Select One) Per Order (MCV) _____ or Monthly balance on 10th (M10) _____.

Primary Card Number: _____ Exp Date: _____

HSAH accepts Visa, MasterCard, Discover & American Express

Secondary Card Number: _____ Exp Date: _____

Cardholder's Name: _____

Card Billing Address: _____ City: _____ State: _____ Zip: _____

SIGNATURE (Required for this agreement): _____ Date: _____

HSAH is prohibited from retaining card numbers on file without a signed agreement.

Henry Schein Animal Health PO Box 7153, Dublin OH 43017 Fax: 614-760-0639 Telephone: 800-258-2148

-OR-

AUTOMATIC CHECK DEBIT AUTHORIZATION (ACH)

I (we) hereby authorize Henry Schein Animal Health (HSAH) to initiate debit entries to my (our) checking account indicated below at the depository named below, hereafter called DEPOSITORY,

(Please Select One) each MONDAY (or Tuesday in case of a holiday) _____ or Monthly Balance on 10th _____.

DEPOSITORY NAME: _____ Account Holder's Name: _____

Routing Number: _____ Checking Account: _____
9 Digit Number

Account Holder's Address: _____ City: _____ State: _____ Zip: _____

SIGNATURE (Required for this agreement): _____ Date: _____

This authorization is to remain in full force and effect until HSAH has received written notification from me of its termination in such time and in such manner as to afford HSAH and Depository a reasonable opportunity to act. Should funds not be available in account at the time of electronic transfer, HSAH could place my account on Hold. HSAH requires two business days notice if payment is not to be made through ACH debit for a given date.

Henry Schein Animal Health PO Box 7153, Dublin OH 43017 Fax: 614-760-0639 Telephone: 800-258-2148

HENRY SCHEIN ANIMAL HEALTH (HSAH) TERMS AND CONDITIONS OF SALE

I. PAYMENT TERMS: Standard payment terms are 1% 10th Net 25th for all eligible accounts and purchases. All sales are payable by the 25th of the following month after the date of the invoice unless specifically stated otherwise. If applicable, discounts may be deducted if payment is made by the 10th of the month following the date of the invoice (as reflected on the invoice).

The 1% early payment discount does not apply to diet purchases, selected equipment, split or delayed billings, or payments made by credit card. The early payment discount also does not apply to certain C.O.D. customers or customers with special terms.

II. RETURNS AND ALLOWANCE POLICY: Product must be returned within one year of purchase. All product returns and other requests for credit must receive prior authorization from HSAH, by the issuance of a Return Authorization form. HSAH will consider for return or credit items that are (or were) in our catalog and that are in saleable condition or returnable to the vendor based on that vendor's current return policy. HSAH reserves the right to deny credit on returns based on inspection of items upon receipt at a HSAH facility.

Credits for outdates, damages, shipping errors and wrong product orders will be issued at the full purchase price provided HSAH is notified AND a Return Authorization is generated within 20 days of the invoice date. Products reported for return after 21 days and up to 60 days of invoice date will receive 90% credit; products reported after 60 days and up to one year after invoice date will receive 80% credit. Authorizations after one year of invoice date will receive 75% credit. Items credited or returned due to product recalls will be issued at 100% credit, regardless of date of invoice.

III. LATE CHARGES: A late payment service charge will be levied on past due invoice balances at the rate of 18% per annum or at the maximum allowed by law.