

DEA Compliance Information Form

To avoid delays, please include a copy of the current DEA Registration and answer all questions completely.

DEA Registrant Name	
Facility Name	
DEA #	
DEA Registration Address	
DEA Registration City, State, Zip	
Phone# and/or email address	
HSAH Account# (if assigned)	

*As a DEA registered distributor of controlled substances (CS), Henry Schein Animal Health (HSAH) must meet current regulatory requirements. DEA regulations mandate that HSAH monitor individual controlled substance orders for determination of unusual size, or unusual frequency or substantial change from a normal pattern. In response to this directive by the DEA, HSAH has developed the following survey which must be completed in full by purchasers of controlled substances. **Please note that the DEA mandates that controlled substances must be stored at the location they are shipped.***

1. Indicate your business type:

<input type="checkbox"/> Traditional	<input type="checkbox"/> Mobile Practice	<input type="checkbox"/> Animal Shelter/Control
<input type="checkbox"/> Emergency Clinic	<input type="checkbox"/> Research/Teaching	<input type="checkbox"/> Other: _____

2. Describe the nature of your practice: (should total 100%)

<input type="text"/> %Companion	<input type="text"/> %Avian/Exotic	<input type="text"/> %Rodents
<input type="text"/> %Equine	<input type="text"/> %Food Animal	<input type="text"/> % Other _____

3. Identify the patient species you most commonly work with:

<input type="checkbox"/> Canine	<input type="checkbox"/> Feline	<input type="checkbox"/> Avian	<input type="checkbox"/> Nonhuman Primates	<input type="checkbox"/> Exotics: _____
<input type="checkbox"/> Equine	<input type="checkbox"/> Rodents	<input type="checkbox"/> Reptiles	<input type="checkbox"/> Bovine/Ovine/Porcine	<input type="checkbox"/> Wildlife: _____
				<input type="checkbox"/> Other: _____

4. What are your normal days & hours of operation? _____

5. How many practitioners, researchers, investigators and/or euthanasia techs are at your facility?

DVM/VMD's	Credentialed Vet Techs	Euthanasia Techs (animal shelters, mid- level practitioners)	Researchers/ Investigators

6. How many animals are involved (treated, medicated, examined) at this facility?

If you are a:	Average number of animals examined and/or treated each day	Average number of animals euthanized each day	Average number of animals treated with controlled substances each day	Average number of animals in study group/colonies
Practitioner				NA
Animal Shelter/Control				NA
Scientific Researcher				

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7. Who oversees the controlled substance inventory and recordkeeping? Please identify the person(s) responsible and the title/role in the facility: (Attach additional sheets if needed.)

Identification of Individual	Title/role in the facility

8. Indicate the types of DEA *regulated products* you order or plan to order from HSAH? (See page 3)

- Anticonvulsants/ Anti-seizure
 Tranquilizers/sedatives
 Euthanasia drugs
 Other: please list _____
 Pain Management/ Pre-anesthetics
 Induction Agents
 List 1

9. How often do you order or anticipate ordering *controlled substances*: (Please be specific. HSAH cannot accept PRN or "As needed")

- Daily
 Monthly
 Quarterly
 Annually
 Weekly
 Bi-monthly
 Semi-annually
 Other: (please describe below) _____

10. Do you order controlled substances from other suppliers? YES or NO (circle one)

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.

DEA Registrant Signature/Date

Printed Name of DEA Registrant

Henry Schein Animal Health appreciates your cooperation in this important matter.

Please return this completed document to:

Henry Schein Animal Health
ATTN: Regulatory Affairs
400 Metro Place North
Dublin, OH 43017

Email: SOM@HenryScheinVet.com

FAX: 614-659-1948

Please include a copy of your DEA registration with this form!

Visit www.deadiversion.usdoj.gov to obtain your DEA Digital Certificate and/or to make name/address changes, schedule changes or order DEA 222 Forms

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Category	Items stocked by HSAH	
Anti-Convulsant/Anti-Seizure Medication	Phenobarbital	
Pain Management/Pre-anesthetic	Buprenex, Buprenorphone, Butorpic, Butorphine Carisoprodol Demerol Duramorphine Fentanyl (Injectable, Patch) Hydrocodone w/APAP Hydromorphone, Morphine, Infumorph Torbugesic, Torbutrol, Torphaject Tramadol Opana	
Sedative/Tranquilizer	Diazepam Dolorex Midazolam Nembutal	
Induction Agent	Brevital Ketaset, Ketathesia, Ketaved, Vetalar Pentothal Telazol	
Euthanasia Solutions	Beuthanasia D Euthasol Fatal Plus Sleepaway Socumb Somnasol	
List 1 Chemicals	Cystolamine Proin (Chewable, drops) Propalin Tri-Hist Uriflex	
Other	Chorulon Diphenoxylate Equipoise	Tussigon, Hydrocodone Alprazolam Demerol