



Credit Department
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| | |
|--------------|----|
| Internal Use | |
| TR | IR |
| CL | TC |
| Acct | |

VETERINARIAN AUTHORIZATION

VETERINARIAN AUTHORIZATION AGREEMENT

| | |
|------------------------|------|
| Regarding account name | |
| Street Address | |
| City, State, Zip | Date |

DEA PRODUCT PURCHASE AUTHORIZATION

I, Dr. _____, DVM / VMD, authorize the above listed account to purchase controlled substances and have provided a copy of my DEA registration accordingly. If the relationship is terminated, it is my responsibility to contact Penn Veterinary Supply, Inc. with the update to remove my DEA from this account's file. I will not be financially responsible for these purchases. (If authorizing purchases of DEA substances, your Federal DEA number must be on file with Penn Veterinary Supply, Inc. and items can only be shipped to the address on the DEA certificate.)

| | |
|--------------------------------------|---------------|
| Signature Required for Authorization | Federal DEA # |
| Print Name | |

NON-DEA PRODUCT PURCHASE AUTHORIZATION

I, Dr. _____, DVM / VMD, am the authorizing veterinarian of record for the above listed account. They may purchase any items except those excluded on the category list below. If the relationship is terminated, it is my responsibility to contact Penn Veterinary Supply, Inc. with the update to remove my license from this account's file. I will not be financially responsible for these purchases.

| | |
|--------------------------------------|---------------|
| Signature Required for Authorization | DVM License # |
| Print Name | |

PLEASE INDICATE WHETHER YOU ARE CHOOSING TO EXCLUDE ANY PRODUCT CATEGORIES FROM ALLOWABLE PURCHASES

- CHOOSE 1: I do not wish to apply any ordering restrictions
 I wish to exclude the following checked categories

INDICATE CATEGORIES BELOW YOU ARE EXCLUDING FROM ALLOWABLE PURCHASES

| | | | |
|---------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Deworming Medications | <input type="checkbox"/> Vaccines | <input type="checkbox"/> Laboratory Supplies | <input type="checkbox"/> Diagnostic Kits (lyme, heartworm, etc) |
| <input type="checkbox"/> Topical Meds (creams, sprays, etc) | <input type="checkbox"/> Insecticides (spot-ons, collars, oral, etc) | <input type="checkbox"/> Heartworm Preventatives | <input type="checkbox"/> IV Supplies (fluids, lines, catheters, etc) |
| <input type="checkbox"/> Shampoos | <input type="checkbox"/> Ophthalmic Meds | <input type="checkbox"/> Otic Meds | <input type="checkbox"/> Supplements |
| <input type="checkbox"/> Surgical Supplies (suture, glue, etc) | <input type="checkbox"/> Needles/Syringes | <input type="checkbox"/> All DEA Products | |
| <input type="checkbox"/> Anesthetics/Sedatives | <input type="checkbox"/> Antibiotics | <input type="checkbox"/> Pain Medications | |
| <input type="checkbox"/> Inhalant | <input type="checkbox"/> Injectable | <input type="checkbox"/> Injectable pain meds | |
| <input type="checkbox"/> Injectable | <input type="checkbox"/> Oral | <input type="checkbox"/> Oral pain meds | |
| <input type="checkbox"/> Oral | | | |
| <input type="checkbox"/> Other Injectable Pharmaceuticals (check here to exclude all) | | <input type="checkbox"/> Other Oral Pharmaceuticals (check here to exclude all) | |
| <input type="checkbox"/> Anticoagulants | <input type="checkbox"/> Chemotherapy | <input type="checkbox"/> Anti-Anxiety, Anti-Depressant | <input type="checkbox"/> Cardiopulmonary |
| <input type="checkbox"/> Anticonvulsant | <input type="checkbox"/> Endocrine | <input type="checkbox"/> Anticonvulsants | <input type="checkbox"/> Chemotherapy |
| <input type="checkbox"/> Antidiabetics | <input type="checkbox"/> GI | <input type="checkbox"/> Antidiabetics | <input type="checkbox"/> Endocrine |
| <input type="checkbox"/> Antihistamines | <input type="checkbox"/> Immunostimulants | <input type="checkbox"/> Antifungals | <input type="checkbox"/> GI |
| <input type="checkbox"/> Antitussives | <input type="checkbox"/> Urinary Tract | <input type="checkbox"/> Antihistamines | <input type="checkbox"/> Immunostimulants |
| <input type="checkbox"/> Bronchodilators | | <input type="checkbox"/> Antitussives | <input type="checkbox"/> Poisoning Treatments |
| | | <input type="checkbox"/> Bronchodilators | <input type="checkbox"/> Urinary Tract |

PLEASE RETURN COMPLETED FORM TO PENN VETERINARY SUPPLY

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| credit@pennvet.com | 717.656.2536 | P.O. BOX 10877, LANCASTER, PA 17605-0877 |
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