

Shelter/Control

Scientific Researcher

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. Indicate your business type: Traditional Mobile Practice Animal Shelter/Control Emergency Clinic Research/Teaching Other: 2. Describe the nature of your practice: (should total 100%) %Companion %Avian/Exotic %Rodents %Food Animal %Equine % Other 3. Identify the patient species you most commonly work with: Canine Feline Avian Nonhuman Primates Exotics: Rodents Reptiles Bovine/Ovine/Porcine Wildlife: Equine 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 Euthanasia Techs (animal shelters, mid-level Researchers/ Techs practitioners) Investigators 6. How many animals are involved (treated, medicated, examined) at this facility? Average number of Average number Average number of Average number of animals examined of animals animals treated animals in study and/or treated euthanized each with controlled group/colonies If you are a: each day substances each day day Practitioner NA Animal NA

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