

RESEARCHER ACCOUNT VERIFICATION FORM

Henry Schein Animal Health Account Number: _____

Name of Researcher: _____ State License: _____
(if applicable)

DEA No.: _____ (If adding a new registration, must also complete the DEA questionnaire)*

Name of Institution or Facility: _____

Contact for Purchases: _____

Phone Number: _____ Fax Number: _____

Billing Address: _____
(Street Address) (City) (St) (Zip)

Shipping Address: _____
(Street Address) (City) (St) (Zip)

Applicant is fully aware of the Henry Schein Animal Health (HSAH) policy of sales only to an individual practitioner and/or company or facility properly licensed with the applicable state regulatory agency for the purchase of prescription drugs and devices. By signing, the applicant accepts responsibility for all prescription products purchased from HSAH at the above referenced shipping address, and furthermore confirms the following:

1. Applicant is authorized as a researcher to purchase prescription drugs for the above facility and location.
2. The prescription drugs purchased from HSAH will be used for animal research and/or teaching purposes.
3. The prescription drugs purchased will not be distributed (sold) further.
4. The prescription drugs are secured upon arrival at the above shipping location.
5. Applicant will personally administer or direct the use of prescription drugs purchased on the account.
6. Applicant will not submit any orders to HSAH for prescription drugs which are not included on approved research protocols.

Applicant further understands that orders submitted to Henry Schein Animal Health which are not listed on approved research protocols will be held pending further review. Additional documentation may be required by HSAH to satisfy state regulations.

Signature: _____
(Researcher) (Date)

Please fax completed/signed form to 614-760-0639 for processing.