

**DEA Compliance Information Form**  
(to be completed by customers planning to order controlled substances)

**A copy of the DEA registration must be returned with this form!**

Please type or print legibly!

DEA Registrant Name			
DEA Registration Address (line 1)			
DEA Registration Address (line 2)			
City, State zip			
DEA Registration #		BSAH Acct. # (if assigned)	

As a DEA registered distributor of controlled substances (CS), Butler Schein Animal Health (BSAH) must meet current regulatory requirements. Correspondence received from the DEA mandates that BSAH monitor individual controlled substance orders determination of unusual size, or unusual frequency or substantial change from a normal pattern. In response to this directive by the DEA, BSAH has developed the following survey which must be completed by purchasers of controlled substances. BSAH cannot fill any controlled substance orders for your account until this form has been returned and reviewed by Regulatory Affairs.

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

<input type="text"/> %	Companion Animal	<input type="text"/> %	Food Animal
<input type="text"/> %	Equine	<input type="text"/> %	Other (describe below):
<input type="text"/> %	Avian/Exotic	_____	

2. Indicate your practice type:

<input type="checkbox"/>	Traditional Clinic	<input type="checkbox"/>	Research/Teaching Institution
<input type="checkbox"/>	Emergency Clinic	<input type="checkbox"/>	Other (describe below):
<input type="checkbox"/>	Mobile Practice	_____	

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

<input type="checkbox"/>	Canine	<input type="checkbox"/>	Reptiles
<input type="checkbox"/>	Feline	<input type="checkbox"/>	Wildlife (describe below):
<input type="checkbox"/>	Equine	_____	
<input type="checkbox"/>	Bovine/Ovine/Porcine	<input type="checkbox"/>	Exotics (describe below):
<input type="checkbox"/>	Avian	_____	

4. Provide your normal days/hours of operation: \_\_\_\_\_

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5. Indicate the number of practitioners at this location: \_\_\_\_\_  
(If research or teaching institution, indicate # of investigators &/or instructors utilizing CS purchased by this account. )

6. On average, how many patients per practitioner (researcher/instructors) are treated at this facility per day?

\_\_\_\_\_

7. Do you oversee Controlled Substances orders and inventory in your office? **YES** or **NO** (circle one)  
If **NO** please explain and identify the person(s) responsible for monitoring controlled substance inventory and records:

\_\_\_\_\_

8. Indicate the types of controlled substances you order or plan to order from BSAH?

Anticonvulsants/anti-seizure  
 Pre-anesthetics  
 Tranquilizers/sedatives

Induction agents  
 Euthanasia drugs  
 Other: (describe below)

\_\_\_\_\_

9. Indicate your normal order frequency for controlled substances:

Every day       Once per week       Once per month       Other: (describe)

\_\_\_\_\_

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

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

\_\_\_\_\_  
**DEA Registrant Signature**

\_\_\_\_\_  
**DEA Registrant Printed Name (as indicated on DEA license)**

**Please return this completed document to:**

Butler Schein Animal Health  
ATTN: Regulatory Affairs  
400 Metro Place North  
Dublin, OH 43017  
Fax: 614-760-0639  
Email: [clegg@butlerschein.com](mailto:clegg@butlerschein.com)

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For Butler Schein Use:

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Regulatory Approval and Date

Customer Set up and Date