

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)	
Phone # or best way to reach the DEA Registrant			

As a DEA registered distributor of controlled substances (CS), Butler Schein Animal Health (BSAH) must meet current regulatory requirements. DEA regulations mandate that BSAH 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, BSAH has developed the following survey which must be completed in full 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. ALL QUESTIONS MUST BE ANSWERED!

1. Indicate your practice type:

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

2. 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	<hr/>	

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

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

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. If animal shelter, indicate # of euthanasia techs or other persons authorized to perform euthanasia)
6. On average, how many animals per practitioner, researcher/instructor, or Euthanasia Tech are treated, medicated, and/or euthanized at this facility or by the DEA registrant per day? (Researchers: How many animals are in your study group/s?)

7. Do you oversee Controlled Substances orders and inventory in your office? **YES** or **NO** (circle one)
If **NO** please identify the person(s) responsible and title/role in the facility for monitoring controlled substance inventory and records: (Attach Additional sheets if necessary)

Identification of individual (if not the registrant)	Title and role in the facility

8. Indicate the types of regulated products you order or plan to order from BSAH? (see attached list)

<input type="checkbox"/> Anticonvulsants/anti-seizure	<input type="checkbox"/> Euthanasia drugs
<input type="checkbox"/> Pain Management/Pre-anesthetics	<input type="checkbox"/> List 1 Chemicals
<input type="checkbox"/> Tranquilizers/sedatives	<input type="checkbox"/> Other: (describe below)
<input type="checkbox"/> Induction agents	_____

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

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