

DEA "Know Your Customer" Due Diligence Form



The Code of Federal Regulations, 21CFR Part 1301.74(b) requires distributors of controlled substances to design and operate a system to identify suspicious orders. Suspicious orders may include those of unusual size, deviating substantially from a normal historical pattern, and/or orders of unusual frequency. The following "Know Your Customer" Due Diligence Form allows MWI to obtain the necessary data to reasonably review your controlled substance activities and to assist you in protecting your interests as well. Because this is a requirement of the DEA, controlled substance orders may not be placed until this one page form has been completed in full and reviewed by the MWI Credit Department which handles account maintenance.

I. DEA Registrant Information

DEA Registrant Name _____ DEA Registration # _____

DEA Registration Address _____

City/State/Zip _____

MWI Animal Health Account Number & Name _____

II. Include a copy of the current DEA registration.

III. Due Diligence

1. Is any person other than the DEA registrant authorized to sign 222 blanks for this registrant? If yes, please provide the printed names and a copy of a properly executed power of attorney granting this authorization.

2. Total number of practitioners at this location: _____

3. Is the controlled substance activity for the entire clinic or just the individual registrant?

Entire Clinic Individual Registrant

Is the registrant the responsible person for all recordkeeping and inventories?

If not, please explain process and identify the responsible person. _____

4. Patient Mix by % (Total should equal 100%)

Companion	Food Animal	Equine	Swine	Other
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5. Practice Type Traditional Clinic Emergency Clinic Mobile Research Other _____

Normal days/hours of operation: _____ Average number of patients treated per day: _____

6. Typical ordering pattern for controlled substances: Daily ___ Weekly ___ Monthly ___ Other (Explain) _____

7. Is MWI Animal Health your sole supplier of controlled substances? Yes No

Do you intend to purchase from other distributors? Yes No

I attest that the information provided in the above "Know Your Customer" Due Diligence Form is true and accurate to the best of my knowledge.

DEA Registrant Signature _____

Date _____

Printed Name of DEA Registrant _____

IV. Return Completed Form to MWI Animal Health

✉ NewAccount@mwiah.com 📠 855.854.3922 🏠 P.O. Box 5717, Boise, ID 83705

? Contact MWI Animal Health Credit 📞 800.896.8873