



NEW ACCOUNT INFORMATION FORM

Fax Completed form to 877-673-3706 or email info@svpmeds.com

BUSINESS CONTACT INFORMATION

Owner Name: _____ Title: _____ License No.: _____
Company Name: _____
Phone: _____ Fax: _____
Email: _____
Billing Address: _____
City: _____ State: _____ Zip: _____
Shipping Address (if different): _____
City: _____ State: _____ Zip: _____

CLINIC INFORMATION

What species do you commonly see?

Feline Canine Equine Avian Exotic Other: _____

What are your specialties?

Oncology Avian & Exotic Ophthalmology Cardiology Feline Specialist Neurology

Other Clinic Doctors:

Doctor: _____ License No.: _____
Doctor: _____ License No.: _____
Doctor: _____ License No.: _____

HOW DID YOU HEAR ABOUT US? (CIRCLE ONE)

Fax Ad Email Ad Post Card In Mail Social Networks
 Internet Colleague Referral Trade Show: _____ Other: _____

MONTHLY STATEMENT SETTINGS

Please mail my monthly statement via USPS to: _____
 Please E-mail my monthly statement to: _____
 Please charge my credit card for my orders: _____

AGREEMENT

1. All invoices are to be paid 30 days from the date of purchase.
2. Claims arising from invoices must be made within 30 working days.
3. A service charge of 1.5% or 17% APR will be added to all past due accounts.

IN-CLINIC USE AGREEMENT

This agreement states that any compounded preparation (prescription drugs) sold for in-clinic may only be administered to the patient and may not be dispensed to the patient or sold to any other person or entity except patients in the veterinarian's office, or on the patient's premises. The prescription drugs are only used to meet the needs of the veterinarian's patient. The veterinarians must also comply with laws relating to the practice of veterinary medicine and all state and federal laws relating to prescription drugs.

You, the veterinarian must include on a patient's chart, medication order, or medication administration record the lot number and beyond-use date of a compounded preparation administered to the patient.

All patients must be told that all adverse reactions should be reported to our pharmacist.

In the event of a recall for a compounded preparation the veterinarian must assist in notifying the patients with information about the recall.

If you have any questions or concerns, please contact our pharmacist-in-charge for more information.

Veterinarian's Signature: _____

Date: _____

