American Health Service
DBA Med-Vet International
13822 West Boulton Blvd
Mettawa IL, 60045
Phone: 800-544-7521 Fax:888-415-1825

2025

Controlled Substance Application

DEA Registration Information

Customer Type:Veterinary☐ Podiatry☐ Dental☐ Other_____
Practitioner_____ Teaching Inst_____ Humane Society_____
Researcher_____ Wholesaler_____ Other_____
DEA Registration Name:_____
DEA Registration Number:_____
DEA Registration Number Schedules: 2☐ 2N☐ 3☐ 3N☐ 4☐ 5☐
DEA Registration Number Exp Date:_____
DEA Registered Address:_____

Registered State Licenses/Registrations

State_____ Lic#_____Type:_____ Exp:_____
State_____ Lic#_____Type:_____ Exp:_____
State_____ Lic#_____Type:_____ Exp:_____
State_____ Lic#_____Type:_____ Exp:_____

Business Information

Business Type: Sole Proprietor☐ Partnership☐ Corporation☐ State of Incorporation _____
Corporate Officers:_____
Name: _____
Address: _____
Phone Number: _____
Change of ownership in the last 5 years? Yes☐ No☐
Owner a licensed practitioner? Yes☐ No☐
Number of practitioners at registered location:_____

Registered Location Practitioners Information

Name_____DEA#_____Schedules:_____Exp:_____
Name_____DEA#_____Schedules:_____Exp:_____
Name_____DEA#_____Schedules:_____Exp:_____
Name_____DEA#_____Schedules:_____Exp:_____

Days and hour of business operations:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Questionnaire

Has any registrant at this location been inspected by any licensing authority, including DEA, in the past 5 years?(If yes, attach separate explanation of results and any corrective action.) Yes☐ No☐

Is registrant or any practitioner/employee currently under investigation by any licensing Authority, including DEA? (If yes, attach explanation.) Yes☐ No☐

Has registrant or any practitioner/employee had a license or registration denied, revoked or suspended by any licensing authority, including DEA? (If yes, attach explanation.) Yes☐ No☐

Do you keep inventory of all stocks of controlled substances on hand at least every two years (biennial inventory) Yes☐ No☐

How does the location store and secure controlled substances?

_____

Does the storage location meet the security requirements of 21 CFR §1301.75(b)? Yes☐ No☐

Is access to the controlled substances limited? Yes☐ No☐

How many employees have access to controlled substances? _____

Employee(s) responsible for controlled substance purchasing, reporting, record-keeping, security:

Name: _____ Name:_____

Employee(s) authorized to sign DEA Forms 222 for Schedule II controlled substances on behalf of registrant:

Name: _____ Name:_____

Does employee authorized to sign DEA Forms 222 have a valid Power of Attorney on file at the registered location?Y/N(If yes, please provide copies of power of attorney.):_____

Average number of patients each day: _____ Average number of all prescriptions per day: _____
Average number of controlled substance per day: _____

Average controlled substances dispensed/administered per day (in dosage units): _____

Average non-controlled medications dispensed/administered each day (in dosage units): _____

List the top three most commonly dispensed/administered controlled substances: _____

List the top three most commonly prescribed controlled substances: _____

Do you treat out-of-state patients/N(If yes, how many?)_____

Average number of patients housed overnight per week (veterinary only): _____

Patient/subject mix. (veterinary/researcher only – total should equal 100%)

Companion:_____% Production:_____% Animal:_____% Equine:_____% Other:_____%

How often are controlled substances ordered? Daily ☐ Weekly ☐ Monthly ☐ Other:_____

When was your last inventory count?: _____

List all controlled drugs you anticipate ordering: _____

Percent of controlled substances (schedules II-V) and non-controlled substances (non-scheduled drugs) ordered from suppliers.(Total should equal 100%)

Controlled:_____% Non-Controlled:_____% Prescription OTC:_____%

Do you sell or transfer controlled substances to any other registrant? Yes ☐ No ☐

Do you have a website? Yes ☐ No ☐

If yes, please provide URL: _____

If yes, does the website offer pharmaceuticals to the general public? Yes ☐ No ☐

Method of payment by patients/customers for controlled substance prescriptions (total should equal 100%):

Cash:_____% Insurance:_____% Medicaid/Medicare:_____% Check Credit Card:_____%
Electronic Transfer:_____%

Customer agrees and understands that American Health Service may provide a copy of this questionnaire to the DEA, other federal regulatory agencies and any state regulatory agency where appropriate.

Any controlled drug purchased will only be used for legitimate medical/research purposes only.

I certify that the information provided in this questionnaire is true and accurate to the best of my knowledge.

Print name and title of person who completed questionnaire: _____

Name (print) _____ Title_____ Date _____

Phone number _____

Signature _____ Date _____

OFFICE USE ONLY
Date Received_____
Date Reviewed_____
Receiver_____
Follow Up Date_____
Follow Up Required? Y/N:_____
Notes:_____