PATTERSON®

Corporate Office
1031 Mendota Heights Road
Saint Paul, MN 55120
Main: 651.686.1600 Toll free: 800.328.5536
pattersoncompanies.com

KNOW YOUR CUSTOMER (KYC) QUESTIONNAIRE INSTRUCTIONS

(For PDF Form Revised 06/2022)

Questions refer to both controlled substances and List 1 chemicals. A complete list of the schedules, including List 1 chemicals is published within DEA regulations. DEA Regulations are available on the U.S. Department of Justice Drug Enforcement Administration Diversion Control Division website:
https://www.deadiversion.usdoj.gov/

1. Check applicable type of business operation.
   - If other: please explain (e.g., wildlife officer, military, etc.).
   - Researchers: indicate type of research and research subjects by species (e.g., mice). Attach an additional sheet if necessary.
2. A. Check all applicable practice types.
   B. Check all applicable patient types.

Questions 3 through 5 pertain to information on the DEA Certificate of Registration.

3. DEA holder/registrant's name as shown on DEA Certificate of Registration. DEA registration number and expiration date both must be listed accurately. *The DEA registrant is responsible for controlled substances purchased under their account(s).*
4. DEA registrant's email address and/or phone number. This is very important as it is used for customer outreach if Patterson has any follow up questions for onboarding or regarding any future controlled substance orders. This will help prevent delays due to incorrect contact information. This information will **not** be used for marketing purposes.
5. Address on the DEA Certificate of Registration. All controlled substances must be shipped to the address on the DEA registration. **The address listed here must match both the DEA registration and the address listed on the ship-to account.**
6. Patterson® Companies, Inc. and Animal Health International, Inc. account number(s) and account name(s).
7. Registrant state licenses and registrations. Include all licenses/registrations in all states and locations. This includes but is not limited to the following licenses/registrations: state veterinarian, state controlled substance, state exemption letters, state pharmacy researcher permits, etc.
8. Days and hours of business operations.
9. Check applicable ownership type. If "other" please explain.
10. If the DEA registrant in question number 3 is not the owner at the registered address, list the owner's name.
11. If the DEA registrant in question number 3 is not the owner at the registered address, list the owner's address.
12. Check yes or no: Has there has been a change in ownership within the past 5 years.
13. Check yes or no: Is the owner a licensed practitioner? Is the owner practicing at the registered location?
14. List the name of the primary practitioner/researcher. This is the individual responsible for controlled substances at the registered location. This individual is generally the DEA registrant.
15. Number of practitioners/researchers at the registered location.
16. List the names and license/registration numbers of all practitioners/researchers/other working at the registered location. Attach an additional sheet if necessary. Attach copies of all licenses/registrations.
17. Check yes or no: Is the registrant, any practitioner or any employee currently under investigation by any licensing authority including the DEA? If the response is "yes" please explain. Attach an additional sheet if necessary.
18. Check yes or no: Has the registrant or any practitioner or any employee had a license or registration denied, revoked, or suspended by any licensing authority, including DEA? If the response is "yes" please explain. Attach an additional sheet if necessary.

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19. Check yes or no: Does the practice comply with Federal and State laws in every state in which it purchases, stores, and dispenses Pharmaceutical and Controlled Substances? If the response is "yes" please explain. Attach an additional sheet if necessary.
20. Identify the individuals the registrant has authorized to order, receive, and handle controlled substances. DEA registrant included.
21. Identify any individual(s) other than the DEA registrant who are authorized to execute Forms 222 and, for each, provide a copy of an executed Power of Attorney granting such authority.

Questions 22 – 24: If you are a new business or practice, please provide estimates and the names of the top three controlled substances you plan to administer. These questions all require answers. If they are left blank, the KYC will be returned.

22. Average number of patients, animals, or research subjects (e.g., mice, etc.) per day. If a daily estimate is not possible, please do a weekly or monthly estimate and just note that it is a weekly or monthly estimate. The answer cannot be zero.
23. Average number of patients, animals, or research subjects (e.g., mice, etc.) to which controlled substances and/or List 1 chemicals are dispensed per day. The answer cannot be zero. The term "dispensed" includes administered, prescribed, and dispensed.
24. List the **top three** controlled substances you dispense most frequently. The term "dispense" includes administer, prescribe, and dispense. These must be specific controlled substances. "Opioids" or "Benzos" is not an acceptable answer as they encompass a variety of substances.
25. Indicate how often your order controlled substances. Check daily, weekly, monthly, or annually. If "other" please explain (e.g., semi-annually, quarterly, etc.).
26. Indicate by percentages the amount of drugs ordered for the month. The percentages apply to **ALL drugs** ordered for the month from **ALL vendors**.

    The sum of the three percentages must equal 100%. If it does not equal 100%, the KYC will be returned. Note, some portion of the total sum must be in the controlled substance section. See example below.

    a. Controlled Substances and/or List 1 chemicals **.05** %

    b. Non-Controlled Substances/Prescription **90** %

    c. and Over the Counter/Non-Prescription **9.95** %

26. Check yes or no: Do you order controlled substances from suppliers other than Patterson?
27. Check yes or no: Do you have a website? If yes, provide your website's URL/web address. This is very useful information for Regulatory in their due diligence review, so please answer this question if applicable.
28. If you have a website, does your website offer prescription drugs and/or controlled substances to the general public? Check yes or no.
29. **Researchers only.**

    a. List what is used as research subjects in your study (i.e., mice, swine, etc.)

    b. Check yes or no: Does your study have an approved research protocol? If yes, provide a copy. Some states require an approved research protocol therefore that may be something Patterson needs on file.

Signature/Certification: Name, title, signature, and date of individual who completed the questionnaire. The signature must be a valid physical signature or a valid digital signature. A typed signature is not acceptable. If the form is missing the date, this will be returned.

This individual may be the DEA registrant or authorized signer for registrant, entity, or organization. It is highly preferred that the DEA registrant is the individual to complete this KYC questionnaire.