WHOLESALER or DISTRIBUTOR ANNUAL REGISTRATION

Due Jan 1, 2013

Wholesaler/Distributor Name _____

Address_____ City_____ St_____ Zip_____

Ph#(____)_____ Fax#(____)_____ Email_____

Contact Person_____ Title_____

All Trade/Business Names Used_____

Type of Pharmaceuticals Distributed: Check all that apply

- ☐ **Controlled Substances**. OK Pharmacy Lic#_____ DEA#_____ OBNDD#_____
- ☐ **Non-Controlled Prescription Drugs**. OK Pharmacy Lic# _____
- ☐ **Over-the-counter Drugs**.
- ☐ **Other**_____

List all salesmen employed or under contract with you assigned to Oklahoma:

List complete full names, business and cell phone, home address, and email. Attach separate sheet if needed

Sales: Inside Outside

Name (FML)_____ Bus#(____)_____ Cell#(____)_____

Home Addr_____ City_____ St_____ Zip_____ Email_____ ☐ ☐

Name (FML)_____ Bus#(____)_____ Cell#(____)_____

Home Addr_____ City_____ St_____ Zip_____ Email_____ ☐ ☐

Name (FML)_____ Bus#(____)_____ Cell#(____)_____

Home Addr_____ City_____ St_____ Zip_____ Email_____ ☐ ☐

Name (FML)_____ Bus#(____)_____ Cell#(____)_____

Home Addr_____ City_____ St_____ Zip_____ Email_____ ☐ ☐

Name (FML)_____ Bus#(____)_____ Cell#(____)_____

Home Addr_____ City_____ St_____ Zip_____ Email_____ ☐ ☐

List all Veterinarians employed, consulting with, or under contract with you who are working in Oklahoma: If you do not have a veterinary consultant, write "N/A" on the first line.

Lic#	Name	Address City St Zip	Bus. Ph#
_____	_____	_____	(_____)_____
_____	_____	_____	(_____)_____
_____	_____	_____	(_____)_____
_____	_____	_____	(_____)_____

Has this company had any disciplinary actions or have any pending actions against it or to my knowledge has this company been investigated by any professional licensing authority?..... **Yes** **No**

If yes, explain the circumstances and outcome on a separate sheet.

I am aware that a written order is required from an Oklahoma licensed veterinarian with a valid Veterinary Client Patient Relationship (VCPR) in place before selling, dispensing, or supplying veterinary prescription drugs to an owner or authorized agent. I understand the labeling and recordkeeping requirements for selling, dispensing or supplying veterinary prescription drugs. I hereby certify that the information given in this registration is true and correct to the best of my knowledge.

_____ ____/____/_____ _____

Signature of Owner or Officer — Date — Print Name and Title

Send to: **Oklahoma Veterinary Board**

201 NE 38th Terrace Suite 1 Oklahoma City, OK 73105

(405) 524-9006 Fax (405) 524-9012

Please do not fax this form.