

FLORIDA LICENSE BOARD ADDRESS FORM

Dr. _____,

Section 499.0121(6)(a)2., Florida Statutes, requires the state license, permit, or registration number of the person authorized to purchase prescription drugs to appear on invoices. In addition, the person receiving prescription drugs must be authorized to take possession.

The Florida Department of Health Bureau of Statewide Pharmaceutical Services has recommended to us that a written statement, signed by the veterinarian, be kept on file at our facility that includes the physical address of the location he or she is practicing medicine. The recommendation applies to any veterinarian who frequently practices at multiple addresses or at **AN ADDRESS DIFFERENT FROM THE ONE PRINTED ON THE FLORIDA VETERINARIAN BOARD LICENSE.**

We regret any inconvenience this may cause you, but we must comply with the law. **If the address on your *Florida Veterinary License* is different from your practice/shipping address, please complete this form.**

Thank you for your cooperation.

Board License Address: _____

Practice | Shipping Address: _____

Dr. Signature: _____

Date: _____

SEND FORM TO
ACCOUNTING:

Merritt Veterinary Supplies, Inc.
1520 Pineview Road
Columbia, SC 29209

Phone: 803.695.1698
Fax: 803.695.6909
Email: accounting@merrittvet.com

