

Attestation – Florida Health Care Clinic Establishment Permit

Florida law requires certain business entities to obtain a Health Care Clinic Establishment (HCCE) permit in order to purchase prescription drugs. See §499.01(2)(r) Fla. Stat. (2025). A place of business at one general physical location that provides veterinary services and that is owned and operated by a business entity that has been issued a federal employer tax identification number must have an HCCE permit. *Id.* An HCCE permit is not required for a licensed veterinarian to purchase a prescription drug under his or her veterinary license. §499.01(2)(r)(6) Fla. Stat. (2025).

In order to purchase prescription drugs from Merck Animal Health, you must either 1) purchase prescription drugs through a business entity that has a current and valid HCCE permit or 2) complete the attestation below confirming that the HCCE permit requirement does not apply to you or that you have an exemption to the HCCE permit requirement.

Attestation

I hereby represent and warrant that the following statements are true and accurate:

- I have a valid and current veterinary license under Florida law.
- I am purchasing FDA prescription medications in my individual capacity as a licensed veterinarian under my own veterinary license and not under a business name or through a business entity of any kind.
- I am not using funds from any business entity that has been issued a federal employer tax identification number to purchase FDA prescription medications.
- No other individuals, including other licensed veterinarians, will utilize, administer, or dispense the FDA prescription medications that I am purchasing.

OR

- I have an exemption letter from the Florida Division of Drugs, Devices and Cosmetics.

I have read and understood the statements above and I hereby certify that I am not required under Florida law to have a Health Care Clinic Establishment permit, as defined in the Florida Drug and Cosmetic Act at §499.01(2)(r) Fla. Stat. (2025), in order to purchase FDA prescription medications. I represent and warrant that if any change occurs, at any time, to my practice of veterinary medicine, including how I purchase FDA prescription drugs, or to the truthfulness of any of the above statements, I am required to notify the Florida Division of Drugs, Devices and Cosmetics and Merck Animal Health within ten (10) days of the change occurring. I represent and warrant that I will notify Merck Animal Health in writing of any status change and provide a copy of the required HCCE permit as required.

Print Name of Licensed Veterinarian:

Clinic Name: _____

Clinic Address: _____

Signature of Licensed Veterinarian:

Clinic Acct # _____

Date: