FLORIDA EXEMPTION CERTIFICATE
MEDICAL PRODUCTS, SUPPLIES, AND DEVICES
SUBSTANCES POSSESSING CURATIVE OR REMEDIAL PROPERTIES

I, the undersigned individual, as a veterinarian licensed in the State of Florida, or an authorized representative of a licensed veterinarian, certify that the items indicated below, purchased on or after _____ (date) from _____ **Merritt Veterinary Supplies, Inc.** are for the exempt purpose indicated below. The option checked below applies to this purchase:

[ ] Medical products, supplies, or devices that will be temporarily or permanently incorporated into an animal for use in the cure, mitigation, alleviation, prevention, or treatment of injury, disease, or incapacity of an animal(s).

[ ] Substances possessing curative or remedial properties that will be ordered and dispensed and applied to, or consumed by, an animal as treatment for the alleviation of pain or the cure or prevention of sickness, disease, or suffering of an animal(s).

I understand that if I use the medical product or supply or substance for any nonexempt purpose, I must pay tax on the purchase price of the item directly to the Department of Revenue.

I understand that if I fraudulently issue this certificate to evade the payment of sales tax, **I will be liable for payment of the sales tax plus a penalty of 200% of the tax and may be subject to conviction of a third degree felony.**

Under the penalties of perjury, I declare that I have read the foregoing certificate and that the facts stated herein are true.

Licensed Veterinarian's Name: _____

Veterinarian's Address: _____

Veterinarian's Florida License Number: _____

Name of Veterinarian's Authorized Representative: _____

_____
(Signature of Veterinarian or Authorized Representative)

_____ _____
Title Date

REV. 02.26.13

MVS
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