Order Form:

Method of payment: (Check one)
☐ VISA  ☐ Mastercard  ☐ Am Ex  ☐ Discover  ☐ Check (Payable to 1-800-PetMeds)

Credit Card Number: __________ - __________ - __________ - __________
Authorized Signature: ________________________ Exp. Date: ______ / ______

Shipping Information:
☐ New Customer  ☐ Existing Customer ________________________ (Optional: Customer #)  ☐ Change of Address
Name: ________________________ Email: ________________________
Day Phone: (_____ ) ____________ - ____________ Home Phone: (_____ ) ____________ - ____________
Address: ___________________________________________________________________________________
City: ________________________ State: ________________________ Zip: ________________________

Pet Health Information: (Required for Rx Medications)
Pet’s Name: ________________________ Pet’s Owner’s Name: ________________________
Age: ________ Sex: ☐ M  ☐ F  Pet Type/Breed: ________________________ Weight: __________
Veterinarian’s Name: ________________________ Phone: (_____ ) ____________ - ____________
Clinic Name: ____________________________________________________________________________
Have another pet? (Please fill out the information on page 2)

Medical Problems: (Please check all that apply)
☐ None  ☐ Arthritis  ☐ Skin Conditions  ☐ Hormonal/Endocrine  ☐ Urinary/Kidney  ☐ Heart/Blood Pressure  ☐ Eye
☐ Ear  ☐ Digestive  ☐ Anxiety  ☐ Allergies: ______________________________________________

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All refrigerated items require shipping at $19.99
Rx customers must complete Pet Health Information.

For Orders Under $49 Shipping and Handling $ 4.99
FL/VA: Add Applicable Sales Tax (Non-Rx Items Only)
Less any applicable discounts or coupons here
Total

“Thousands of vets authorize prescriptions through 1-800-PetMeds every day.”

Our Pharmacy:
How to order prescription (Rx) medications

1. Give us your veterinarian’s name and telephone # and we’ll obtain your prescription; or

2. Your veterinarian may fax in your prescription to 1-800-600-8285 or call our pharmacy at 1-888-738-6331; or

3. If you have a written prescription, mail it in with your order.
1-800-PetMeds
420 South Congress Ave Suite #100
Delray Beach, FL 33445
Pet 2

Pet Health Information: (Required for Rx Medications)
Pet’s Name: ___________________________________  Pet’s Owner’s Name: ___________________________________
Age: __________  Sex: □ M  □ F  Pet Type/Breed: _______________________________________  Weight: _________
Veterinarian’s Name: ____________________________________________  Phone: (___) _______ - _______
Clinic Name: ___________________________________________________________________________________

Medical Problems: (Please check all that apply)
☐ None  ☐ Arthritis  ☐ Skin Conditions  ☐ Hormonal/Endocrine  ☐ Urinary/Kidney  ☐ Heart/Blood Pressure  ☐ Eye
☐ Ear  ☐ Digestive  ☐ Anxiety  ☐ Allergies: ________________________________________________________

Pet 3

Pet Health Information: (Required for Rx Medications)
Pet’s Name: ___________________________________  Pet’s Owner’s Name: _________________________________
Age: __________  Sex: □ M  □ F  Pet Type/Breed: _______________________________________  Weight: _________
Veterinarian’s Name: ____________________________________________  Phone: (___) _______ - _______
Clinic Name: ___________________________________________________________________________________

Medical Problems: (Please check all that apply)
☐ None  ☐ Arthritis  ☐ Skin Conditions  ☐ Hormonal/Endocrine  ☐ Urinary/Kidney  ☐ Heart/Blood Pressure  ☐ Eye
☐ Ear  ☐ Digestive  ☐ Anxiety  ☐ Allergies: ________________________________________________________

Pet 4

Pet Health Information: (Required for Rx Medications)
Pet’s Name: ___________________________________  Pet’s Owner’s Name: ___________________________________
Age: __________  Sex: □ M  □ F  Pet Type/Breed: _______________________________________  Weight: _________
Veterinarian’s Name: ____________________________________________  Phone: (___) _______ - _______
Clinic Name: ___________________________________________________________________________________

Medical Problems: (Please check all that apply)
☐ None  ☐ Arthritis  ☐ Skin Conditions  ☐ Hormonal/Endocrine  ☐ Urinary/Kidney  ☐ Heart/Blood Pressure  ☐ Eye
☐ Ear  ☐ Digestive  ☐ Anxiety  ☐ Allergies: ________________________________________________________

Pet 5

Pet Health Information: (Required for Rx Medications)
Pet’s Name: ___________________________________  Pet’s Owner’s Name: ___________________________________
Age: __________  Sex: □ M  □ F  Pet Type/Breed: _______________________________________  Weight: _________
Veterinarian’s Name: ____________________________________________  Phone: (___) _______ - _______
Clinic Name: ___________________________________________________________________________________

Have another pet? (Please print page 2 again and fill out the additional information)

Medical Problems: (Please check all that apply)
☐ None  ☐ Arthritis  ☐ Skin Conditions  ☐ Hormonal/Endocrine  ☐ Urinary/Kidney  ☐ Heart/Blood Pressure  ☐ Eye
☐ Ear  ☐ Digestive  ☐ Anxiety  ☐ Allergies: ________________________________________________________