

# 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: \_\_\_\_\_

Item #	Item Name	Price	Quantity	Total
All refrigerated items require shipping at \$19.99  Rx customers must complete Pet Health Information.	For Orders Under \$49 Shipping and Handling			\$ 4.99
	FedEx Overnight (\$19.99) FedEx 2 Day (\$12.99) Priority (\$6.99)			
	FLVA: 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: \_\_\_\_\_