

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)		
		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 S Congress Ave. #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: _____