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
FL/VTA: Add Applicable Sales Tax (Non-Rx Items Only)
Less any applicable discounts or coupons here
Total

“For Orders Under $49 Shipping and Handling $ 4.99

*“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: ___________________________

Medical Problems: (Please check all that apply)

☐ None ☐ Arthritis ☐ Skin Conditions ☐ Hormonal/Endocrine ☐ Urinary/Kidney ☐ Heart/Blood Pressure ☐ Eye
☐ Ear ☐ Digestive ☐ Anxiety ☐ Allergies: ___________________________

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: ___________________________