

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