Pet Medicals Discount Healthcare

401 W. 33rd St • Hastings, NE 68901-2577 • 402-463-2090
TOLL FREE: 1-800-934-9398 TOLL FREE FAX: 1-888-424-0484 E-mail: info@petmedicals.com
Business Hours: Mon.-Fri., 7:30 a.m. to 5:30 p.m. • Saturday, 8:00 a.m. to 12:00 Noon Central Time
www.petmedicals.com

ORDERED BY: (Please Print)
NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____-_____
PHONE: _____
FAX or E-MAIL: _____

SHIP TO: (Please Print)
NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____-_____

MAKE COPIES OF THIS FORM FOR FUTURE ORDERS

Method of Payment: ☐ Check ☐ M.O.
When paying by check please include driver's license number and state issued, along with your bank's telephone number.
DL # _____ **State** _____
Bank Phone # (**)** _____ - _____
(Please note: We need to allow time for check approval before shipping your order.)

☐ MasterCard ☐ Visa ☐ Discover ☐ AMEX
☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
Credit Card Exp. Date: _____ **CVV#** _____
Name on Card: _____
Signature: _____
Address on credit card acct if different from bill to address above

Small Animal or Equine Order Form

ITEM #	Qty	ITEM DESCRIPTION	PRICE EACH	TOTAL

***** Please call for current prices *****

AMOUNT OF ORDER				
SHIPPING AMOUNT	**Over $75**	**Under $75**	(*UPS Ground or best way)	
Standard Shipping*	FREE	$7.95		
UPS 3-day Select	$12.95	$19.95	*Vaccines Only*	
2nd Day	$19.95	$26.95	*Vaccines Only*	
Next Day Air	$29.95	$36.95	*Vaccines Only*	
NEBRASKA RESIDENTS ADD 5.5% SALES TAX				
TOTAL		**THANK YOU FOR YOUR ORDER!!**		

RX PRESCRIPTION FORM ONLY — ORDER PRODUCTS ABOVE

RX ITEM:	INSTRUCTIONS	ANIMAL NAME	QTY	Circle # of Refills
				0 1 2 3 4 PRN
				0 1 2 3 4 PRN
				0 1 2 3 4 PRN
				0 1 2 3 4 PRN
				0 1 2 3 4 PRN

Veterinarian Name (Print):		Date:
Veterinarian Signature:	License Number:	State:
Telephone Number:	Address:	
City:	State:	Zip: