

<b>Personal Information</b>			<b>Secondary Contact</b>		
Owner's Full Name (please print clearly) _____		<input type="checkbox"/> Male / <input type="checkbox"/> Female	Birthdate (MM/DD/YY) _____		Full Name of Secondary Contact _____
Address _____			Relationship To You _____ Phone Number _____		
City _____	State _____	Zip _____	<b>Your Vet</b>		
Email _____			Vet's Name _____		
Phone (Home) _____		Phone (Work) _____		Clinic Name, Street Address, City, State, County _____	
Pet's Name _____		Pet's Weight _____	Pet's Birthdate _____		Vet's Phone Number _____ Ext. _____ Vet's Fax Number _____
<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other (please specify) _____					

<b>Medication Your Pet is Currently Taking (Not Being Ordered)</b>			<b>Medication You Are Ordering</b>				
MEDICATION	DOSAGE	FREQUENCY	For medication(s) that you wish to order, please enter the quantity, and listed price, as obtained through our website or customer service center. Please remember that medications can only be ordered if accompanied with a copy of the original prescription from your doctor's office. If more space is needed please include an extra page.				
			OK TO REPLACE WITH GENERIC?	MEDICATION	STRENGTH	QTY	PRICE
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
Does your pet have any known drug allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, please enter the drug(s): _____							
<input type="checkbox"/> Check box if you do <b>NOT</b> want childproof caps.							
SHIPPING (Regular Shipping \$5, or ONE YEAR shipping \$15)							
TOTAL							

<b>Payment Options (Credit Card or Check)</b>			<b>To Pay by Personal Checking Account</b>		
<b>To Pay by Credit Card</b>			Please make payment by cheque to <b>PetCareChoice.com</b> and mail to:		
Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard			<b>OR</b>		
Cardholder's Name _____					
Cardholder's Address _____					
City _____	State _____	Zip _____			
Credit Card Number _____	CVV2 _____	Credit Card Expiry (MM/YY) _____			
PetCareChoice 1685 H Street # 1414 Blaine, WA 98230					

Owner's Name (Print Clearly) \_\_\_\_\_ Owner's Signature \_\_\_\_\_ Date (Month/Day/Year) \_\_\_\_\_