

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

Medication Your Pet is Currently Taking (Not Being Ordered)			Medication You Are Ordering				
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 NOT want childproof caps.							
SHIPPING (Regular Shipping \$5, or ONE YEAR shipping \$15)							
TOTAL							

Payment Options (Credit Card or Check)			To Pay by Personal Checking Account		
To Pay by Credit Card			Please make payment by cheque to PetCareChoice.com and mail to:		
Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard			OR		
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)
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