Mail Order Form

In order for us to serve you better, when placing a mail order, please do not send cash. We prefer a cashiers check, money order, or credit card.

Thank You for your order!
We appreciate your business!

METHOD OF PAYMENT

☐ Cashiers Check/Money Order
☐ Mastercard ☐ American Express
☐ Visa ☐ Discover

Credit Card Number

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Exp. Date ☐☐ / ☐☐

Signature_____

Please indicate New Customer, Change of Address, or separate Ship to Address.
Check the appropriate box:

☐ New Customer ☐ Change of Address

☐ Ship to Address (If different than "Ordered By")

Name: _____

Business Name: _____

Street: _____ P.O. Box: _____

NOTE: Please include street address as FedEx & UPS cannot deliver to PO Boxes.

City: _____ State: _____ Zip: _____

Daytime Phone: _____

Email Address: _____

Are you a breeder? _____

What types of animals do you have? _____

Comments: _____

PLEASE NOTE Due to market volatility, prices are subject to change.

Item No.	Name of Item	Page	Size	Unit Price	Quantity	Total

Shipping Rate Chart

Order Value	Standard	3-Day	2-Day	Next Day
$0-$30.00	$7.99	$14.99	$18.99	$21.99
$30.01-$70.00	$8.99	$15.99	$19.99	$22.99
$70.01-$100.00	$9.99	$16.99	$20.99	$23.99
$100.01-$130.00	$11.99	$17.99	$21.99	$24.99
$130.01-$160.00	$13.99	$18.99	$22.99	$25.99
$160.01-$200.00	$15.99	$19.99	$23.99	$26.99
$200.01-$300.00	$17.99	$20.99	$24.99	$27.99
$300.01-$500.00	$19.99	$21.99	$25.99	$28.99
$500.01-$700.00	$21.99	$23.99	$27.99	$31.99
$700.01-$1000.00	$23.99	$25.99	$29.99	$33.99

Orders over $1000.00 - CALL FOR SHIPPING QUOTE
*Cooler charge for perishables $6.95/12 items.

Residents outside 48 contiguous states
Please call for shipping information.

*Some restrictions apply on heavy, oversized, or drop ship items. Please Call for details.

Note: *All vaccines are shipped Monday - Wednesday via Second Day Air to ensure safety. Upon request or as weather conditions warrant, vaccines may also be shipped Next Day Air Monday - Thursday at a higher rate. *Cooler charge will be added.*

Merchandise Total	
Shipping/Handling (See Chart at Left)	
NE Residents (Add 7% sales tax)	
TOTAL	

OFFICE USE ONLY
Received: _____
Amount: _____
Rx: _____

Prices are Subject to Change