

# Order Form



1246 Hwy 377 South STE 100 Pilot Point TX 76258

(940) 686-2218

Date: \_\_\_\_\_

Order Transmitted by: (First and Last Name) \_\_\_\_\_

Ranch Name \_\_\_\_\_

Owner Name \_\_\_\_\_

Ranch Manager Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Shipping Address \_\_\_\_\_

Email Address \_\_\_\_\_

Prescribing Veterinarian Name \_\_\_\_\_

Veterinarian Clinic Name \_\_\_\_\_

Clinic Phone \_\_\_\_\_

Clinic Address \_\_\_\_\_

Veterinarian State Lic Number \_\_\_\_\_

Veterinarian DEA Number \_\_\_\_\_

Veterinarian Signature \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Exp Date \_\_\_\_\_

**Fax completed form to (940) 686 9286**

		QTY	RF			QTY	RF
MK = 5mg Med /150mg Ket	\$180.00			MK 2 = 10mg Med /150mg Ket	\$190.00		
MK Plus = 10mg Med/200mg Ket	\$200.00			MKB = 5mg Med/150mg Ket/1mg	\$315.00		
Atipamezole 20mg/ml	\$210.00			Naltrexone 20mg/ml	\$120.00		

