

**285 FM 16, Canton, TX 75103 - USA**

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**E-mail: sales@pets-inc.com**

**Web: http://www.pets-inc.com**

**VETERINARY DRUG PURCHASE ORDER**

**CLIENT ADDRESS MUST REFLECT PHYSICAL ADDRESS WHERE PRODUCTS WILL BE SHIPPING TO**

**Client: Veterinarian:**

**Address 1: Address 1:**

**Address 2: Address 2:**

**City, State: City, State:**

**Zip: Zip:**

**Phone: Signature:**

**License #: State :**

**This VDPO authorizes the shipment of prescription drugs to the above client / account.**

**Current Date:**

**Expiration Date:** **(Not to exceed one year if filling as needed)**

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**Initial each appropriate drug. Indicate quantities authorized or initial As Needed.**

**Anesthetics: Quantity ordered As Needed orders**

**\_\_\_\_ Lidocaine 2% 100ml \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_**

**Hormones:**

**\_\_\_\_ Lutalyse \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_**

**\_\_\_\_ Lutalyse HiCon \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_**

**\_\_\_\_ Cystorellin \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_**

**\_\_\_\_ Factrel \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_**

**\_\_\_\_ Folltropin-V 20ml \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_**

**\_\_\_\_ Bacteriostatic Sodium Chloride \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_**

**Nonsteroidal Anti-Inflammatory**

\_\_\_\_ **Butequine/Phenylbutazone 20g/60ml \_**\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

**Notes:**

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**PLEASE FAX OR E-MAIL THIS FORM TO OUR OFFICE PRIOR TO SHIPPING**