

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

**Tel: (800)735-9215 USA & Canada or (903)567-4536**

**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)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STEP 4: Initial to the left of each appropriate drug.**

**STEPS 5 or 6: Indicate quantities authorized OR initial As Needed.**

**Anesthetics: Quantity ordered As Needed orders**

**\_\_\_\_ Lidocaine 2% \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_**

**Hormones:**

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

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

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

**\_\_\_\_ Folltropin-V 20ml (POWDER ONLY) \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_**

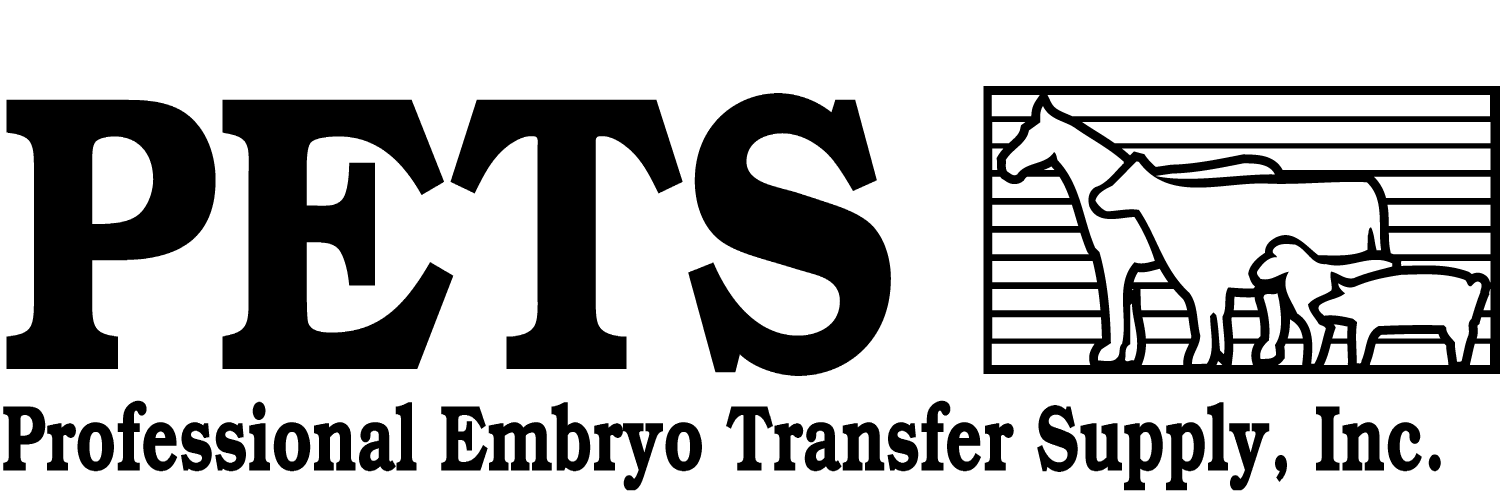
**\_\_\_\_ Bacteriostatic Sodium Chloride \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_**

**Notes:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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



**VDPO INSTRUCTIONS:**

**STEP 1:** Complete Client Information section. This section MUST include the PHYSICAL ADDRESS to where the items will be shipping. WE CANNOT SHIP TO PO BOXES.

**STEP 2:** Complete the Veterinarian Information section.

**STEP 3:** Current Date should reflect the date the form is filled out; Expiration Date is not to exceed one year from this date.

**STEP 4:** Veterinarian must initial to the left of each approved drug

**Step 5 and 6 are the two options of the format to finalize the form on each approved drug. Please follow either step 5 OR step 6.**

**STEP 5:** If you are leaving the form open for up to a year without a quantity limit, initial each approved item under the As Needed column

\*If there is any quantity listed on as needed column then we can only fill up to that quantity, we cannot for example fill “10 bottles, as needed” if there is a 10 under As Needed. The form would then be up to 10 bottles and then a new form will be required. If you wish to limit your client on quantities allowed, please skip this step and move to step 6.

**STEP 6:** If you are placing a quantity limit or this is only a one-time order, put the quantity that your client is wishing to order.

\*We are only allowed to fill up to that quantity so if there is any quantity listed in this section we will fill up to that amount and then the form will be void.

EXAMPLE: If you put 14 under quantity and your client orders 6 on the first order, that leaves 8 bottles until the expiration date of your choosing.

**STEP 7:** If your client is sales tax exempt, please inform them that we will need a copy of their exemption on file or sales tax will be added to the invoice.