

PET MEDICATION ORDER INSTRUCTIONS

(This page does not have to be faxed)

1. Find pricing for all medications you are ordering by either searching online at www.petpharmacare.com or by calling toll free customer service at **1-877-210-3784**.
2. Fill out the animal information form, medication order form, and the veterinary release form. Please make sure all fields are filled in. The animal information form and veterinary release form are only to be faxed or mailed for the first order placed for your pet. For refills please download the refill order form from our website.
3. Fax all the completed forms along with a copy of your pet's prescriptions toll free to **1-877-210-3777**. Once faxed, we recommend that you call us toll free at **1-877-210-3784** to confirm that we received all pages of your fax.

Upon receipt of your completed order forms and prescriptions, your order will be processed and delivered directly to your door within 8-12 business days.

If you are sending your order by mail please send it to:

PetPharmaCare.com
PO Box 97176
Richmond Main Post Office
Richmond, B.C.
Canada V6Y 4H4

Please note that all quoted prices, dollar amounts, and billing charges are in US dollars.

Money orders are payable to "**Global Health Supplies.**" Please make sure the money order is an **international money order.**

PetPharmaCare.Com Animal Information Form

PO Box 97176, Richmond Main Post Office
Richmond, B.C.
Canada V6Y 4H4

Toll Free Phone 1-877-210-3784
Toll Free Fax 1-877-210-3777
Website: <http://www.petpharmacare.com>

Animal Information

Name of Pet: _____

Species (bird, horse, cat): _____ Breed: _____

Age of Pet: _____ Gender: Male ___ Female ___ Weight: _____

Known Medication Allergies

Known Medical Conditions

Owner Information

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Veterinarian Information

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Owner Signature

Signature: _____ Date: _____

PetPharmaCare.Com Medication Order Form

PO Box 97176, Richmond Main Post Office
 Richmond, B.C.
 Canada V6Y 4H4

Toll Free Phone 1-877-210-3784
 Toll Free Fax 1-877-210-3777
 Website: <http://www.petpharmacare.com>

Shipping Details

Name of Owner: _____

Shipping Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email Address: _____

Order Details

Medication Name	Dosage (strength)	Quantity	Price (USD)
Shipping Charge			\$13.00
Total Cost			

Payment Details

Payment Method: Visa MasterCard Money Order

Credit Card Number: _____ Exp: _____

Name on Card: _____ 3 Digit Verification Code: _____

By signing below I authorize **Global Health Supplies** to debit my credit card the total amount of my order (as shown above) and for any future refill orders that are taken over the phone or by fax and sent to my billing or shipping address.

Signature: _____ Date: _____

PetPharmaCare.Com Veterinary Release Form

PO Box 97176, Richmond Main Post Office
Richmond, B.C.
Canada V6Y 4H4

Toll Free Phone 1-877-210-3784
Toll Free Fax 1-877-210-3777
Website: <http://www.petpharmacare.com>

Pet Medication Authorization and Veterinary Release

I am the owner of the pet listed on the Animal Information Form. A duly qualified veterinarian in my jurisdiction prescribed the pharmaceuticals ordered by me for my pet. The duty of care is the responsibility of my pets' veterinarian who originally prescribed the ordered pharmaceuticals. I release and discharge PetPharmaCare.com from any and all causes of action with respect to any late delivery of pharmaceuticals sent to me. I undertake to notify my veterinarian of any changes to my pets' medical condition. I understand and acknowledge that pharmaceutical products may not be returned for refund or exchange. I understand that it is my responsibility to have my pets' medical condition and medications obtained in Canada monitored by my American Veterinarian in the USA. I release and discharge the Canadian co-signing & dispensing veterinarian from any and all liability arising from the use of the ordered pharmaceuticals. By signing this waiver, I agree to release liability and hold blameless PetPharmaCare.com, including all of its affiliates, directors, officers, employees, agents, contractors, physicians, and pharmacists, from all causes of action, suits, penalties, liens, judgments, liabilities, obligations, losses, actual or consequential damages, actual or threatened claims which may arise at any time by reason of relating to, arising directly or indirectly out of any matter whatsoever related to the prescribing or dispensing of my pets' prescription medications. I acknowledge that the veterinarians contracted by PetPharmaCare.com are located and licensed to practice medicine and pharmacy in Canada. I hereby agree that the relationship between and the resolution of any and all disputes arising between me and PetPharmaCare.com, its veterinarians, directors, employees, officers, agents, contractors and all others acting through or for it, shall be governed by and construed in accordance with the laws of Province of British Columbia, Canada. I hereby acknowledge that the Courts of British Columbia shall have jurisdiction to entertain any complaints, demands, claims or cause of action, whether based on alleged breach of contract or alleged negligence arising out of the signing and dispensing of this prescription, and I hereby agree that I submit irrevocably to the exclusive jurisdiction of the Courts of the Province of British Columbia. This waiver shall remain in effect for all future orders unless revoked in writing.

Signature

Witness Signature

Printed Name

Witness Name

Date Signed and Witnessed

Relationship of Witness

