

****Pet Meds Order Sheet – CanUSAMeds.com****

Step 1: Complete this entire form.

Step 2: Please fax or mail your completed form along with a copy of your ORIGINAL PET PRESCRIPTION(s) to:

CanUSAMeds.com

3108 S. Rt. 59
Suite 124-287
Naperville, IL. 60564

-or-

Fax to:
1-866-469-7171

Pet Information Form

Pet Information:

Name of Pet: _____

Species (i.e. dog, cat, bird) _____ Breed (if known) _____

Age of Pet: _____ Sex (M/F): _____ Weight: _____

Allergies (if any): _____

Prescription Here:

Please Attach Prescription to the Box Below Before Sending:

Attach Additional Sheets if necessary.

Attach Here!

Owner Contact Information:

Owner's Name: _____ Birth Date: _____

Telephone: _____ E-mail: _____

Mailing Address: _____

City: _____

State: _____

Zip: _____

Veterinarian Information:

Last Name: _____ First Name: _____

Telephone: _____ Fax: _____

Mailing Address: _____

City: _____

State: _____

Zip: _____

Credit Card Information & Authorization:

Cardholder's Name: _____

Type of Card: _____ Expiry Date: _____
VISA or MasterCard Only

Credit Card Number: _____

I, _____ authorize CanUSAMeds to apply all applicable charges including the mailing cost of \$9.99 US Dollars to my credit card.

Printed Name of Pet Owner: _____

Signature of Pet Owner: _____