

ZOETIS PETCARE REWARDS

SUBMISSION FORM

Please mail or fax this completed form with your detailed invoice within 60 days of purchase.
 Zoetis Petcare Rewards, P.O. Box 815396, Dallas, TX 75381 | Fax: 862-703-3821
 Submissions via this form may take up to 6 weeks to process.

GENERAL INFORMATION

MEMBER ID: _____ **PURCHASE DATE:** _____
 (Your associated account email or phone number)

YOUR NAME: _____

VETERINARY PRACTICE:* _____ **ZIP CODE:** _____



DOG NAME: _____

DOG WEIGHT: 2.8-5.5lbs 5.6-11lbs 11.1-22lbs
 22.1-44lbs 44.1-88lbs 88.1-132lbs

PACK SIZE: 3 Doses 6 Doses 9 Doses 12 Doses

AMOUNT PAID: _____



DOG NAME: _____

No. OF INJECTIONS: 1 Injection 2 Injection **AMOUNT PAID:** _____



PET NAME: _____

PET WEIGHT: <5lbs 5-10lbs 11-20lbs
 20-40lbs 41-85lbs 86-130lbs

PET WEIGHT: <5lbs 5-15lbs 16-22lbs

PACK SIZE: 3 Doses 6 Doses 9 Doses 12 Doses

AMOUNT PAID: _____



DOG NAME: _____

DOSAGE: 25mg 75mg 100mg

PACK SIZE: Pill count _____ 30 count 60 count 180 count

AMOUNT PAID: _____



DOG NAME: _____

DOG WEIGHT: 20-30lbs 31-49lbs 50+lbs

AMOUNT PAID: _____

Offer valid for dogs 20lbs+ only.

ZOETISPETCAREREWARDS.COM
CUSTOMER SERVICE: 1 (855) 749-7274

*Purchase details and member information will be visible to the selected veterinary practice for this submission.
 By completing this form, you confirm you accept the Zoetis Petcare Rewards Program Terms and Conditions.
 Program Terms and Conditions can be found at www.zoetispetcare.com/terms/program-terms-and-conditions.