

2017

ParaMedical LABELS

of Cooo...kamonga, inc.



10%
Talented Animal
Discount Offer
Inside!



800-622-7009

www.paramedicallabels.com



ParaMedical Labels

of Cooo...kamonga, Inc.

(530) 626-5741 • (800) 622-7009 • Fax (530) 626-1808

P. O. Box 199000 • Diamond Springs, CA 95619 • www.paramedicallabels.com

A few
easy steps
to redeem your **Fun**
10%
Discount!!



1. Enjoy the photos of the talented animals throughout our catalog.
2. Find "Scooter the talented parrot".
3. To receive your fun 10% discount, call our friendly staff & let us know which page number Scooter is on, or enter the number as a one-time promotional code online!

This discount supercedes any other discount or sales promotion. Expires 12/31/17.

Don't let
this discount
"fly" by you!!



Look
FOR OUR
newly refreshed
2017
WEBSITE!



L-R: Dustin, Donna, Beckie, M.L., Danielle, Mark, Lisa & Frank



Dave Howard
Owner

A 46-year family legacy

Founded by Ted Howard in 1971, ParaMedical Labels of Cooo... kamonga Inc. has come a long way from its humble beginnings in the garage of the Howards' southern CA home. When Ted Howard first started out he was originally working in the pharmaceutical packaging industry. In this industry he frequently interacted with medical doctors as well as veterinarians. He foresaw a need for pharmaceutical labeling in the veterinary industry and was able to purchase one machine needed to manufacture labels.

Ted happened to be quite the idea man and decided that he wanted to have a company name that people would remember. At this time Ted lived near the city of Cucamonga. After pondering a bit, the name "Cucamonga" sparked a memory. Comedian Jack Benny had a radio show in the '40s and '50s. There was a part of the show where Mel Blanc played the part of a conductor calling out "All aboard for Anaheim, Azusa and Cooo...kamonga!" (The "ooo..." was exaggerated.) Ted went to the Cucamonga post office and obtained a P.O. box. Most folks thought it was an imaginary place, so when they saw an address in Cucamonga it was something to remember! His idea has worked so well that at veterinary



C.S. "Ted" Howard
Our Founder
1929-1980

conferences around the U.S. when folks see us and can't remember our name they simply say, "Hey, Cooo... kamonga!"

Ted Howard left his legacy of ParaMedical Labels in the hands of his wife, "Delta" Dee Howard, and their son Dave Howard. After the passing of Ted Howard in 1980 Dee and Dave Howard "ran the show" until Dee retired in 1997. She still pops in every now and then to oversee operations.

ParaMedical Labels has since moved its warehouse to northern California, nestled in the foothills of the Sierra Nevadas. We have now grown to an excellent team of nine (including 5 family members!), and manufacture millions of labels in-house each year for animal loving advocates and consumers alike.

Here at ParaMedical Labels we have a commitment to delivering excellent customer service and our consumers will never have to deal with an automated system. We strive to deliver exceptional service and have a proven track record of delivering quality products within a timely manner to our customers throughout the US and Canada.

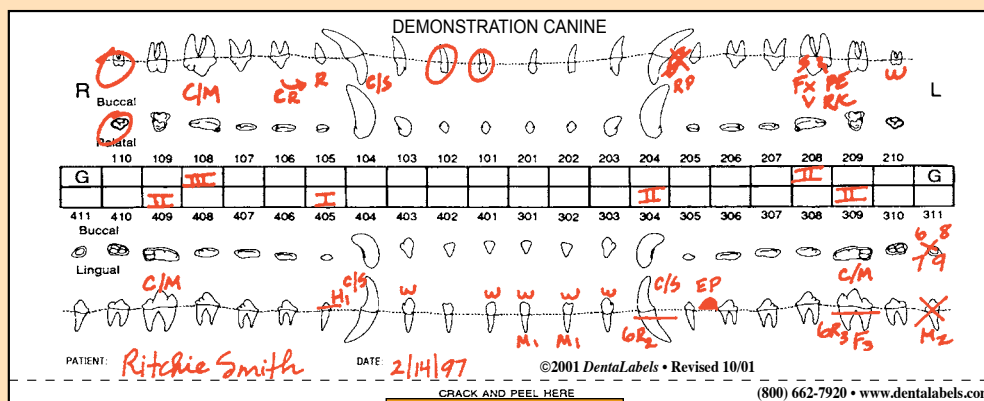
We wouldn't be the company we are today without our loyal customers - thank you!



Delta "Dee"
(Howard) Halcos
Co-founder
Retired June 1997

The DentaLabels Charting System

Starter Kit includes a Code Key, Demonstration Chart, Charting Tips and an easy to follow explanation of the Modified Triadan Veterinary Dental Numbering System.



Actual Size
7 1/8" x 3 1/8"

Packs of 50

ITEM DESCRIPTION	1 pack	2 packs	3 packs or more
Starter Kit (25 each Canine & Feline)	\$17.00 (includes code key & demo chart)		
Canine Dental Chart Refills (50/pk)	\$15.50	\$15.00/pk	\$14.50/pk
Feline Dental Chart Refills (50/pk)	\$15.50	\$15.00/pk	\$14.50/pk
Extra Code Key or Extra Demonstration Chart			\$1.50 each

You may combine
canine & feline
for price break.

KEY: 0 = DISPLACED TOOTH
X = MISSING TOOTH
C = CARIES, INJURY, FX
E = EXTRACTED

a _____
b _____
c _____
d _____

Gingiva _____
Occlusion: _____
Salivation: _____
Halitosis: Y N
Periodontal Disease: _____
Other: _____

MAXILLA
MANDIBLE

CANINE DENTAL FELINE DENTAL

LR-43C

LR-43C (4" x 2 1/2")

CANINE DENTAL RECORD

For _____

UPPER LOWER

R L L R

LR-164B

LR-164B (3" x 2")

FELINE DENTAL RECORD

For _____

UPPER LOWER

R L L R

LR-170B

LR-170B (3" x 2")

Rolls of 500

Label Size	1 Roll	3 Rolls	5 Rolls	10 Rolls	25 Rolls
"B" Series	\$19.00	\$17.00/ea	\$15.50/ea	\$14.00/ea	\$12.50/ea
"C" Series	\$28.50	\$26.00/ea	\$23.00/ea	\$21.00/ea	\$19.00/ea

You may combine stock labels of same size throughout catalog for quantity price break

Urinalysis Labels

NAME: _____ DATE: _____

Urine _____

S.G. _____ pH _____ BL _____ Bili _____

KET _____ GLU _____ PR _____ UROB _____

SED _____

LR-31G

LR-31G
(2 1/2" x 7/8")

LR-34G
(2 1/2" x 7/8")

Urobil _____ Protein _____ pH _____

Blood _____ Ketones _____ Bili _____

Glucose _____ Sp. Gr. _____ Color _____

Micro _____

LR-34G

Rolls of 500

Label Size	1 Roll	3 Rolls	5 Rolls
"B" Series	\$19.00	\$17.00/ea	\$15.50/ea
"G" Series	\$13.00	\$11.50/ea	\$10.50/ea

You may combine stock labels of same size throughout catalog for quantity price break

LR-208B
(3" x 2")

LR-2B
(3" x 2")

URINALYSIS

Name _____ Urobil _____ RBC _____

Protein _____ WBC _____

Date _____ pH _____ Epith _____

Source _____ Blood _____ Bact _____

Color _____ Ketones _____ Casts _____

Appear _____ Bilirubin _____ Crystals _____

Sp Gr _____ Glucose _____ Other _____

LR-208B

URINALYSIS

Color: _____ Sugar: _____

Appearance: _____ Ketones: _____

Reaction: _____ Blood: _____

Spec. Grav.: _____ Bile: _____

Protein: _____ Urobilinogen: _____

Sediment: _____ pH: _____

Cast: _____ Epithelium: _____

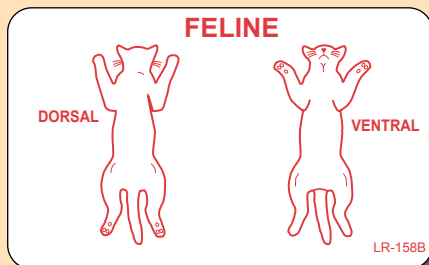
WBC: _____ RBC: _____

Bacteria: _____ Crystals: _____

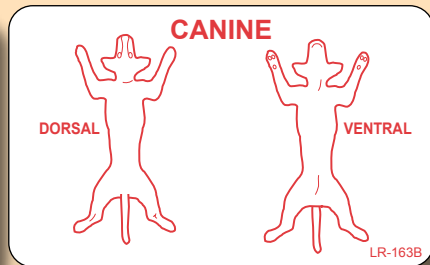
Interpretation: _____

LR-2B

4 Lab Results / Medical Record Labels



↑ LR-158B (3" x 2")



↑ LR-163B (3" x 2")

DERMATOLOGY

LESIONS (circle): Photos ☐

Macules	Papules	Pustules	Vesicles
Crusts	Excoriations	Ulcers	Scales
Pruritis	Wheals	Nodules	Tumors ()
Lichenification	Hyperpigmentation		
Erythema	Alopecia	Hyperkeratosis	
Fleas	Lice	Sarcoptes	Demodex
Ticks			

Fungi: Woods _____ KOH _____ Culture _____

Skin Scraping: _____

Cytology: _____

Direct Smear: _____

Biopsy: _____

Lab: Out _____ In _____

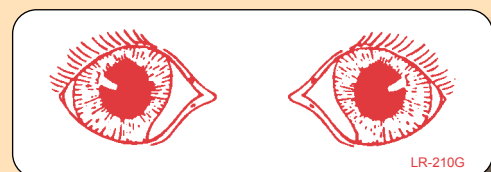
LR-42C

↑ LR-42C (4" x 2 1/2")

OPHTHALMOLOGY	RIGHT	LEFT
EYE POSITION		
LIDS		
SCLERA		
CONJUNCTIVA		
TEARS		
LENS		
IRIS		
PUPIL		
RETINA		

LR-125C

↑ LR-125C (4" x 2 1/2")



↑ LR-210G (2 1/2" x 7/8")

**Mix & Match
same size labels
for best price!**

Leukocytes

WBC _____

N _____ %

L _____ %

M _____ %

E _____ %

B _____ %

NRBC _____ %

Erythrocytes

RBC _____

Hb _____

PCV _____

MCV _____

MCH _____

MCHC _____

RDW _____

Retics _____

Thrombocytes

Platelets _____

MPV _____

LR-144B

↑ LR-144B (3" x 2")

BLOOD ANALYSIS

Hemoglobin _____ RBC _____

Hematocrit _____ WBC _____

Differential:

Bands _____ Segs _____

Lymphs _____ Monos _____

Eosins _____ Basos _____

RBC Morphology: Nucleated RBC _____

Anisocytosis _____ Polychrom. _____

Macrocytosis _____ Target Cells _____

Sedimentation Rate _____

LR-3B

↑ LR-3B (3" x 2")

**Create
your own
custom design!**

Heartworm

+ -

Date: _____

LR-302E

↑ LR-302E (1 3/4" x 7/8")

FECAL

+ -

Date: _____

LR-303E

↑ LR-303E (1 3/4" x 7/8")

FECAL

Result: _____

Date: _____

LR-305E

↑ LR-305E (1 3/4" x 7/8")



Heartworm + -

Lyme + -

Ehrlichiosis + -

Anaplasmosis + -

Date: _____

LR-607E

↑ LR-607E (1 3/4" x 7/8")

PARVO

+ -

Date: _____

LR-608E

↑ LR-608E (1 3/4" x 7/8")

F.I.V. + -

FeLV + -

Date: _____

LR-609E

↑ LR-609E (1 3/4" x 7/8")

F.I.V. + -

FeLV + -

Heartworm + -

Date: _____

LR-631E

↑ LR-631E (1 3/4" x 7/8")

Annual Visit Name _____ Date _____ Age _____
 Wt _____ Temp _____ Diet _____ Spayed/Neutered _____
 App ☐ N ☐ AB ☐ Co ☐ N ☐ Y ☐ SN ☐ N ☐ Y ☐ Vo ☐ N ☐ Y ☐ BM ☐ N ☐ AB
 HW Test ☐ + ☐ N ☐ Fecal ☐ N ☐
 PV ☐ Y ☐ N ☐ R ☐ H ☐ W ☐ T
Physical Examination
 Eyes ☐ N ☐ AB ☐ H & L ☐ N ☐ AB
 Ears ☐ ☐ M / S ☐ ☐ ☐
 Throat ☐ ☐ U / G ☐ ☐ ☐
 Teeth ☐ ☐ Skin ☐ ☐ ☐
Vaccinations Given Today
☐ DHLP ☐ FVRCP
☐ Parvo ☐ Feline Leukemia
☐ Corona ☐ FIP
☐ Bordetella ☐ Rabies
☐ Rabies ☐
☐ Other: _____
Lab Requested:
☐ Urinalysis ☐ CBC ☐ Blood Profile ☐ T4 ☐ Other: _____
Problems: _____ **Recommendations:** _____
 LR-80C

↑ LR-80C (4" x 2 1/2")

PREVENTIVE CARE
 Fecal ☐ N ☐
☐ R ☐ H ☐ W ☐ T
 HW Test ☐ + ☐ N ☐ F
 PV ☐ Y ☐ N
Vaccinations Given Today
☐ DHLP ☐ FVRCP
☐ Parvo ☐ Feline Leukemia
☐ Corona ☐ FIP
☐ Bordetella ☐ Rabies
☐ Rabies ☐
☐ Other: _____
 LR-104D

↑ LR-104D (1 1/2" x 2")



ROLL HOLDERS
 \$8.00 each
 4 1/2" & 6 1/2" widths

Mix & Match
 same size labels
 for best price!

← LR-40A
 (4" x 2")

PHYSICAL EXAM CHECKLIST

1) GENERAL APPEARANCE () NORMAL () ABNORM	2) INTEGUMENTARY () NORMAL () ABNORM	3) MUSCULOSKELETAL () NORMAL () ABNORM	4) CIRCULATORY () NORMAL () ABNORM
5) RESPIRATORY () NORMAL () ABNORM	6) DIGESTIVE () NORMAL () ABNORM	7) GENITOURINARY () NORMAL () ABNORM	8) EYES () NORMAL () ABNORM
9) EARS () NORMAL () ABNORM	10) NEURAL SYSTEM () NORMAL () ABNORM	11) LYMPH NODES () NORMAL () ABNORM	12) MUCOUS MEMBRANES () NORMAL () ABNORM

T _____ P _____ R _____ Wt. _____ DIET: _____
 OTHER: _____
 LR-40A

PHYSICAL EXAM CHECKLIST

1) BEHAVIORIAL () NORMAL () ABNORM	2) INTEGUMENTARY () NORMAL () ABNORM	3) MUSCULOSKELETAL () NORMAL () ABNORM	4) CARDIOPULMONARY () NORMAL () ABNORM
5) ENTERIC () NORMAL () ABNORM	6) ORO-DENTAL () NORMAL () ABNORM	7) GENITO-URINARY () NORMAL () ABNORM	8) OPHTHALMIC () NORMAL () ABNORM
9) OTIC () NORMAL () ABNORM	10) NEURO-ENDOCRINE () NORMAL () ABNORM	11) HEPATO-PANCREATIC () NORMAL () ABNORM	12) IMMUNO-HEMATOLOGIC () NORMAL () ABNORM

T _____ P _____ R _____ Wt. _____ DIET: _____
 OTHER: _____
 LR-148A



← LR-148A
 (4" x 2")

PHYSICAL EXAM
 TEMP _____ WT _____ PROB _____
 APP _____ CO _____ SN _____ V _____ BM _____ VACC _____ HW _____
 EYES _____ EARS _____ THROAT _____ TEETH _____ LYN _____
 H&L _____ M.S. _____ U/G _____ AG _____ SKIN _____
 LR-39G

↑ LR-39G (2 1/2" x 7/8")

SURGICAL SUMMARY
 Pre Anest: _____ Vital Sign Monitor: _____
 Induction: Xylazine: _____ Ketamine: _____
 Diazepam: _____ Other: _____
 Endotracheal Tube: _____ Inhalation Gas: _____
 Surgeon: _____ Time: _____
 Observations: _____
 LR-115D

↑ LR-115D (2" x 1 1/2")

SURGICAL SUMMARY
 Pre Anest: _____ Vital Sign Monitor: _____
 Induction: Xylazine: _____ Ketamine: _____
 Diazepam: _____ Other: _____
 Endotracheal Tube: _____ Inhalation Gas: _____
 Surgeon: _____ Time: _____
 Procedure: _____
 Internal Sutures: () Absorbable _____ () NonAbsorbable _____
 Parental Antibiotic: _____
 Notes: () Routine Procedure w/o Complications
 () Complications & Other Notes _____
 LR-165D

↑ LR-165D (2" x 1 1/2")

SURGICAL SUMMARY
 Immun: Y N Lab: Y N X-rays: Y N
 Pre-Anesth: _____
 Induction: _____ mask / tube
 Anesth: _____ Time: _____
 Monitor Sys: _____ Surgeon: _____
 Surgical Observation: _____
 LR-41A

↑ LR-41A (4" x 2")

SURGICAL SUMMARY
 Vacc: Y N PRE SX _____ Lab: Y N X-rays: Y N
 Procedure: _____
 Induction: _____
 Anesth: _____ / O2 _____ Mont. Sys: _____
 Ligature: _____ Linea: _____
 Subcu: _____ Skin: _____
 Notes: _____
 LR-145A

↑ LR-145A (4" x 2")

Rolls of 500					
Label Size	1 Roll	3 Rolls	5 Rolls	10 Rolls	25 Rolls
"A" Series	\$25.50	\$23.00/ea	\$21.00/ea	\$18.50/ea	\$17.00/ea
"B" Series	\$19.00	\$17.00/ea	\$15.50/ea	\$14.00/ea	\$12.50/ea
"C" Series	\$28.50	\$26.00/ea	\$23.00/ea	\$21.00/ea	\$19.00/ea
"D" Series	\$16.00	\$14.50/ea	\$13.00/ea	\$11.50/ea	\$10.50/ea
"E" Series	\$10.50	\$8.50/ea	\$8.00/ea	\$7.00/ea	\$6.00/ea
"G" Series	\$13.00	\$11.50/ea	\$10.50/ea	\$9.50/ea	\$8.50/ea
You may combine stock labels of same size throughout catalog for quantity price break!					

PROPOFOL mg SY-1 ↑ SY-1	NORMAL SALINE SY-2 ↑ SY-2	mg / cc SY-3 ↑ SY-3	ANTIBIOTIC mg SY-4 ↑ SY-4	MORPHINE mg SY-5 ↑ SY-5
ATROPINE mg SY-6 ↑ SY-6	TELAZOL mg SY-7 ↑ SY-7	BUTORPHANOL mg SY-8 ↑ SY-8	ACEPROMAZINE mg SY-9 ↑ SY-9	KETAMINE mg SY-10 ↑ SY-10
Rabies IM / SQ SY-11 ↑ SY-11	DIAZEPAM mg SY-12 ↑ SY-12	KETAMINE _____ mg SY-13 VALIUM _____ mg SY-13 ↑ SY-13	HEPARINIZED SALINE SY-14 ↑ SY-14	BUPRENEX mg SY-16 ↑ SY-16
HYDROMORPHONE mg SY-17 ↑ SY-17	CLEAR Dosage Line ↑ SY-18R	CLEAR Dosage Line ↑ SY-18B	FENTANYL mg SY-19 ↑ SY-19	MIDAZOLAM mg SY-20 ↑ SY-20
DEXDOMITOR mg SY-21 ↑ SY-21	ANTISEDAN mg SY-22 ↑ SY-22	METACAM mg SY-23 ↑ SY-23	RIMADYL mg SY-24 ↑ SY-24	OXYMORPHONE mg ↑ SY-25
CERENIA mg SY-26 ↑ SY-26	TORBUGESIC mg ↑ SY-27	CEFAZOLIN mg SY-28 ↑ SY-28	ALFAXAN mg SY-29 ↑ SY-29	METHADONE mg ↑ SY-30



11/2" x 3/8"

500 per dispenser box

Mix & Match Syringe & Medication Instruction Labels

1 box	3+ boxes	5+ boxes	10+ boxes	25+ boxes	50+ boxes
\$8.50/ea	\$7.50/ea	\$7.00/ea	\$6.00/ea	\$5.00/ea	\$4.50/ea

Added to I.V. Labels

MEDICATION
ADDED TO I.V.

Time _____ Date _____ By _____
Drug _____ Quantity _____

M-84
(2 3/4" x 1 3/4")

Rolls of 500

1 box	3+ boxes	5+ boxes	10+ boxes
\$18.00/ea	\$17.00/ea	\$15.50/ea	\$13.50/ea

Heartworm Warning Labels

WARNING

Heartworm test must be done each year before starting this medication to avoid adverse reactions!

↑ H-449 (1 3/4" x 7/8")

CAUTION

Failure to Use & Renew
This Medication May Lead
to Fatal Heartworm Disease.

↑ H-490 (1 3/4" x 7/8")

CAUTION: Dogs MUST be blood tested EVERY YEAR before using this medicine. Severe reaction can occur if dog has heartworm infestation.

↑ H-555 (1 3/4" x 7/8")

WARNING:

Heartworm test must be done each year before starting this medication to avoid adverse reactions. Refill this medication when empty.

↑ H-460 (1 3/4" x 7/8")

500 per dispenser box

1 box	3+ boxes	5+ boxes	10+ boxes	25+ boxes
\$10.50/ea	\$8.50/ea	\$8.00/ea	\$7.00/ea	\$6.00/ea

CAUTION: Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed.

↑ A-1

CAUTION: Federal law prohibits the transfer of this drug to any pet other than the patient for whom it was prescribed.

↑ A-2

FOR VETERINARY USE ONLY
USE AS DIRECTED
USE ENTIRE CONTENTS
KEEP OUT OF CHILDREN'S REACH

↑ B-1

FOR VETERINARY USE ONLY
KEEP OUT OF CHILDREN'S REACH

↑ B-2

KEEP OUT OF THE REACH OF CHILDREN

↑ C-2

SHAKE WELL
BEFORE USING

↑ C-4

FOR THE EAR

↑ C-5

FOR THE EYE

↑ C-7

FOR EXTERNAL
USE ONLY

↑ C-9

KEEP IN REFRIGERATOR

↑ C-11

Keep in Refrigerator
DO NOT FREEZE

↑ C-12

CAUTION: May cause
Drowsiness

↑ C-13

MAY INCREASE
THIRST & URINATION

↑ C-15

CONTROLLED SUBSTANCE,
DANGEROUS UNLESS
USED AS DIRECTED.

↑ C-16

Protect from Light

↑ C-18

Give with Food

↑ C-22

Refrigerate and Shake
Well Before Using

↑ C-23

DO NOT USE
ON CATS

↑ C-24

MIX WELL
BEFORE USING

↑ C-25

This prescription cannot
be refilled without an exam

↑ C-26

MEDICATIONS
CANNOT BE RETURNED

↑ C-27

Please call 24 Hrs
ahead for Rx refill

↑ C-28

This is the same medication
you have been getting. Color, size
or shape may appear different.

↑ C-29

Give on
Empty Stomach

↑ C-30

Bloodwork required
before next refill

↑ C-31

Give until Gone

↑ C-32

Give on
Full Stomach

↑ C-34

USE GLOVES
WHEN HANDLING

↑ C-35

Please call 48 Hrs
ahead for Rx refill

↑ C-36

REFILL WHEN EMPTY

↑ C-37

Important -
Finish all medication

↑ C-39

Do not give with steroids,
aspirin & other NSAIDs

↑ C-40

FLUSH

↑ C-41

FOR PAIN

↑ C-42

Topical use only

↑ C-43

Dosage change

↑ C-44

KEEP OUT OF PETS' REACH
This medication tastes
good to animals.

↑ C-45

DO NOT
REFRIGERATE

↑ C-46

Discontinue use and call if
vomiting or diarrhea occur.

↑ C-47

Expiration: _____

↑ C-48

GIVE BY MOUTH
C-49

↑ C-49

WASH HANDS
AFTER USE
C-50

↑ C-50

DO NOT USE
ON DOGS
C-51

↑ C-51

Do not discontinue
unless directed
C-52

↑ C-52

Prescription Drug
NO RETURNS - NO REFUNDS

↑ C-53

500 per dispenser box

Mix & Match Syringe & Medication Instruction Labels

1 box	3+ boxes	5+ boxes	10+ boxes	25+ boxes	50+ boxes
\$8.50/ea	\$7.50/ea	\$7.00/ea	\$6.00/ea	\$5.00/ea	\$4.50/ea

11 1/2" x 3 8/8"

WE ♥ PETS

↑ M-119

Dispenser Box Organizer Tray

By customer request!

Our useful,
sturdy cardboard
organizer tray holds
7 dispenser boxes.

\$10 each



12 3/4" x 4 3/4"

**Rolls of 500**

Label Style	1 Roll	2 Rolls	6 Rolls	10 Rolls	20 Rolls	30 Rolls	50 Rolls
Custom*	N/A	N/A	\$32.33/roll	\$29.10/roll	\$26.19/roll	\$23.57/roll	\$21.21/roll
I-200/M-500/ M-600/M-750	\$27.66	\$25.14/roll	\$22.63/roll	\$20.37/roll	\$18.33/roll	\$16.49/roll	\$14.84/roll
Blank	\$19.76	\$17.96/roll	\$16.17/roll	\$14.55/roll	\$13.09/roll	\$11.75/roll	\$10.60/roll

*one color -
red, blue or black

**Custom Printing
Plate Charges:**

\$11.00 (w/stock logo)
\$26.00 (w/custom logo)

TL-50
3 1/2" x 1 1/2"

Rolls of 500

1 Roll	2 Rolls	6 Rolls	10 Rolls	20 Rolls	50 Rolls	100 Rolls	200 Rolls
\$8.75	\$8.50 per roll	\$8.37 per roll	\$7.95 per roll	\$7.15 per roll	\$6.08 per roll	\$5.47 per roll	\$4.92 per roll

TL-65
4" x 2 5/16"

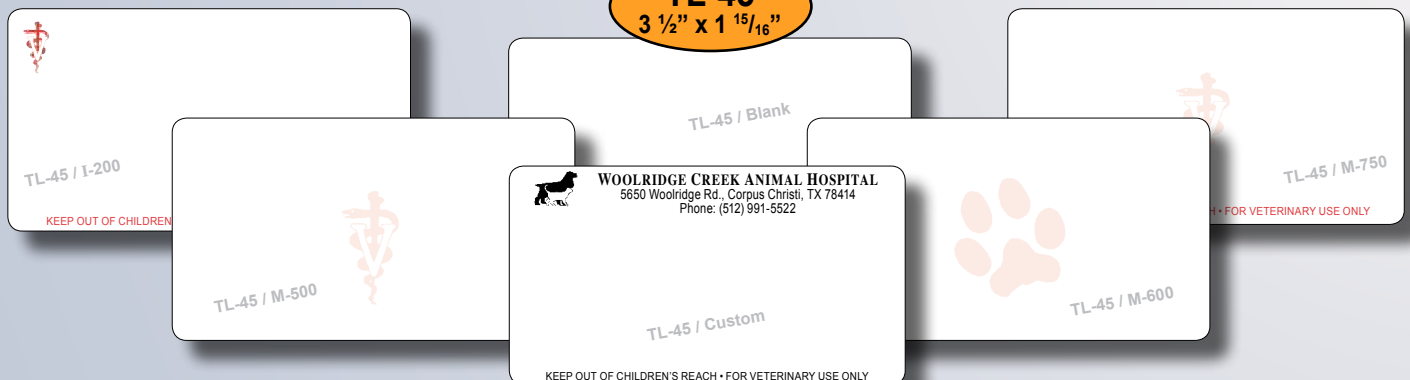
Rolls of 400

1 Roll	4 Rolls	6 Rolls	12 Rolls	24 Rolls	36 Rolls	60 Rolls
\$19.76	\$17.96 per roll	\$16.17 per roll	\$14.55 per roll	\$13.10 per roll	\$11.75 per roll	\$10.61 per roll

Equivalent to DYMO #30256

For Your Improved Software (Eltron Zebra Printer only)

TL-45
3 1/2" x 1 15/16"

**Rolls of 400**

Label Style	1 Roll	4 Rolls	8 Rolls	12 Rolls	24 Rolls	36 Rolls	60 Rolls
Custom*	N/A	N/A	\$32.33/roll	\$29.10/roll	\$26.19/roll	\$23.57/roll	\$21.21/roll
I-200/M-500/ M-600/M-750	\$27.66	\$25.14/roll	\$22.63/roll	\$20.37/roll	\$18.33/roll	\$16.50/roll	\$14.85/roll
Blank	\$19.76	\$17.96/roll	\$16.17/roll	\$14.55/roll	\$13.10/roll	\$11.75/roll	\$10.61/roll

*one color -
red, blue or black

**Custom Printing
Plate Charges:**

\$11.00 (w/stock logo)
\$26.00 (w/custom logo)

Equivalent to
DYMO #30258



TL-20
2 3/4" x 2 1/8"

Compatible with
most software programs



BIG BUCK ANIMAL HOSPITAL
123 Antler Lane • Antelope, CA 95843
Phone: (916) 555-4321



TL-20 / Custom

KEEP OUT OF CHILDREN'S REACH • FOR VETERINARY USE ONLY

TL-10
2 3/4" x 1 3/4"

Equivalent to
DYMO #30258



Rolls of 500										
Label Size	Label Style	1 Roll	2 Rolls	6 Rolls	10 Rolls	20 Rolls	30 Rolls	50 Rolls	100 Rolls	200 Rolls
TL-10 or TL-20	Custom Printed*	N/A	\$35.92 per roll	\$32.33 per roll	\$29.10 per roll	\$26.19 per roll	\$23.57 per roll	\$21.21 per roll	\$19.09 per roll	\$17.18 per roll
TL-10 or TL-20	M-158, M-500, M-600, M-750, M-850	\$27.66	\$25.14 per roll	\$22.63 per roll	\$20.37 per roll	\$18.33 per roll	\$16.49 per roll	\$14.84 per roll	\$13.36 per roll	\$12.02 per roll
TL-10 or TL-20	Blank	\$19.76	\$17.96 per roll	\$16.16 per roll	\$14.55 per roll	\$13.09 per roll	\$11.75 per roll	\$10.60 per roll	\$9.54 per roll	\$8.59 per roll

Custom Printing Plate Charges: \$11.00 (Stock logo) \$26.00 (Custom logo)

*one color - red, blue or black

TL-5
4" x 2 5/16"

Equivalent to
DYMO
#30252



Printer Cleaning Cards



Dymo
recommends
cleaning your printer
once or twice a
month, depending
on your usage.

Rolls of 400							
1 Roll	3 Rolls	5 Rolls	10 Rolls	20 Rolls	30 Rolls	60 Rolls	75 Rolls
\$11.06	\$9.95 per roll	\$8.95 per roll	\$8.05 per roll	\$7.24 per roll	\$6.52 per roll	\$5.54 per roll	\$5.09 per roll

10 pack
\$1200

DON'T
JEOPARDIZE
YOUR CREDIT
SEND A CHECK
TODAY

↑ WCS-50 (1³/₄" x 7/8")

PAST DUE
*Please Remit
TODAY*

↑ WCS-51 (1³/₄" x 7/8")

17 17

↑ YL-17G (1³/₄" x 7/8")

18 18

↑ YL-18P (1³/₄" x 7/8")

IF YOU ARE UNABLE
TO PAY IN FULL
PLEASE SEND A
PARTIAL PAYMENT

↑ WCS-52 (1³/₄" x 7/8")

YOUR ACCOUNT
IS PAST DUE.
*We would appreciate
your payment today!*

↑ WCS-53 (1³/₄" x 7/8")

Year Labels
also available in blue,
yellow, orange & red!

FINAL NOTICE

Your payment must be
received within 10 days or
immediate action will be taken.

↑ WCS-54 (1³/₄" x 7/8")

500 per dispenser box

1 box	3+ boxes	5+ boxes	10+ boxes	25+ boxes	50+ boxes
\$10.50/ea	\$8.50/ea	\$8.00/ea	\$7.00/ea	\$6.00/ea	\$5.50/ea



LET'S
FACE
IT



YOUR ACCOUNT
IS
PAST DUE!

↑ ICS-1 (1¹/₂" x 2¹/₂")

WE
FEEL
TERRIBLE



HAVING TO REMIND YOU!

↑ ICS-2 (1¹/₂" x 2¹/₂")

*We have been
SEARCHING
for your check*



CAN
YOU
HELP
US?

↑ ICS-3 (1¹/₂" x 2¹/₂")

P S S T!



HAVE YOU
FORGOTTEN
SOMETHING?

↑ ICS-5 (1¹/₂" x 2¹/₂")

*We'd hate
to be a Nag,*



*So, please
send your check
Today!*

↑ ICS-6 (1¹/₂" x 2¹/₂")

we
just
noticed...



YOU'RE A LITTLE
DELINQUENT

↑ ICS-7 (1¹/₂" x 2¹/₂")

Haven't heard
from you
in a
L
O
O
O
O
N
G
time



50 per package

PAST DUE REMINDER LABELS
50 of one design in each package

1 Package	5 Packages	10 Packages
\$4.00	\$16.50	\$30.00

You can mix and match packages too!

Is Your Pet
Microchipped?

Microchipping Saves Lives!

Ask a staff member
for more information

M-979 (1¹/₂" x 2¹/₂")

Rolls of 500

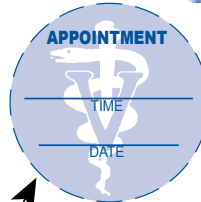
1 roll
\$16.50
3 rolls
\$15.00 ea
5 rolls
\$14.00 ea

Appointment Reminder Labels



Pretty Bird Animal Hospital

121212 Mimic Lane • Parrot, Georgia 39877
229-555-1234



HAS AN APPOINTMENT

ON

AT

A.M.
P.M.

If unable to keep appointment, kindly give 24 hours notice.

Peel off and put on
calendar or
day planner.

M-173
3 1/2" x 1 3/4"

1000	3000
\$55.00	\$48.50/k = \$145.50

**Custom Printing
Plate Charges:**
\$17.00 (w/stock logo)
\$32.00 (w/custom logo)

↑ ICS-8 (1¹/₂" x 2¹/₂")

LAMINATED VINYL LABELS

UV & Weather Durable

Consider giving one of these labels to each of your clients, to show them that you care about the safe handling of their pets in an emergency. Placed on the front door or window, it will be a "mini billboard" with your hospital's name, address and phone number for all to see. A great promotional tool that will be in service for years.



FIREFIGHTER: IN CASE OF EMERGENCY

Please take my pets:

Cats

Dogs

Birds

TO:



FORT MADISON VETERINARY CLINIC
1215 36th Street & Hwy 61
Fort Madison, Iowa 52627
(319) 372-9000

PLEASE SAVE MY PETS!

**ONLY 16¢
EACH!***

Custom Printing Plate Charges:

\$17.00 (w/stock logo); \$32.00 (w/custom logo)

Boxes of 500

M-106 FIREFIGHTER 4" x 2 7/8"

1 box 500	2 boxes 1,000	3 boxes 1,500	5 boxes 2,500	10 boxes 5,000	25 boxes 12,500
\$112.00	\$84.00/bx = \$168.00	\$76.00/bx = \$228.00	\$68.00/bx = \$340.00	\$58.00/bx = \$580.00	\$49.50/bx = \$1237.50

FREE! Special Marking Pen supplied with each order.

*1,500 quantity, plus one time stock logo plate charge

**ONLY 25¢
EACH!***

Custom Printing Plate Charges:

\$22.00 (w/stock logo)
\$37.00 (w/custom logo)

LARGE M-106 FIREFIGHTER 7 1/8" x 4 1/2"

500	1,000	1,500	3,000	5,000
\$150.50	\$262.50	\$355.00	\$603.00	\$854.00

FIREFIGHTER: IN CASE OF EMERGENCY:

Please take my pets:

Cats

Dogs

Birds

TO:



FORT MADISON VETERINARY CLINIC
1215 36th Street & Hwy 61 West
Fort Madison, Iowa 52627
(319) 372-9000

PLEASE SAVE MY PETS!

**LABEL
SHOWN IN
REDUCED SIZE**

**DECLINE OF OPTIONAL TREATMENT(S)
OR MEDICAL TEST(S)**

Date _____

I (print name) _____ do hereby
decline the following treatment(s) or medical test(s).☐ Treatment (Describe) _____☐ Presurgical Screen ☐ Complete Blood Count ☐ Urinalysis ☐ Heartworm Check☐ Chemistry Panel ☐ X-rays (Describe) _____☐ Other _____

For (pet's name) _____

I hereby release you Doctor _____ of all responsibility
pertaining to my decline of the above. You will not be held liable or responsible in any manner
whatsoever. It is further understood that I assume all risks by my declining the above named
treatment(s) or medical test(s).

I have read the foregoing and agree.

Owner's Signature _____

Witness _____

M-144C

↑ M-144C (4" x 2 1/2")

AUTHORIZATION FOR PROFESSIONAL SERVICESI hereby authorize you to perform such diagnostic, therapeutic, and surgical
procedures as are in your opinion, necessary and advisable for treatment
and maintenance of my pet's health and well being. The nature of such
services has been described to me to my satisfaction, and while I expect
all procedures to be done to the best of the abilities of the professional
staff, I realize that no guarantee nor warranty can ethically or professionally
be made regarding the results or cure. I authorize the clinic to provide
veterinary services as requested or in emergency circumstances to follow
through with such procedures as are necessary for the well-being of my
pet on a continuing basis until further advised in writing. I ASSUME FULL
RESPONSIBILITY for the treatment expense involved.

(DATE) _____

(OWNER/AGENT) _____

M-226C

↑ M-226C (4" x 2 1/2")

AUTHORIZATION TO PERFORM EUTHANASIA

Pet's Name _____ Species _____

As owner, or duly authorized agent of the owner, of the animal
described hereon, I hereby consent to, and order, euthanasia to
be performed on same for humane reasons. I further authorize the
attending veterinarian to dispose of the remains in accordance with
hospital policy.☐ YES☐ NOTo the best of my knowledge and belief, this animal has not bitten any
person during the fifteen days preceding this date.

Signature _____ Date: _____

M-243C

↑ M-243C (4" x 2 1/2")

**ROLL
HOLDERS**

\$8.00 each
4 1/2" & 6 1/2"
widths

OWNER RELEASE:You are to use all reasonable precaution against injury, escape, or death of my pet. The
clinic and staff will NOT be held liable for any problems that develop provided reasonable
care and precautions are followed. I understand that **ANY** problem that develops with
my pet while I'm absent will be treated as deemed best by the staff veterinarians and
I ASSUME FULL RESPONSIBILITY for the treatment expense involved. If I neglect to
pick up my pet within 5 days of the date below and do not notify you within that time frame
you may assume that the pet is abandoned and are hereby authorized to dispose of the
pet as you deem best and/or necessary.

DATE _____

(OWNER / AGENT) _____

Emergency Phone Number: _____

Problems to check and/or treat: _____

M-83A

↑ M-83A (4" x 2")

**SEDATIVE / ANESTHESIA RELEASE**You are to use all reasonable precaution against injury,
escape, or death of my pet. I understand that all anesthesia
involves some minimal risk to my pet, but you will not be held
liable or responsible in any manner whatsoever or under any
circumstances in connection therewith as it is thoroughly
understood that I assume all risks.

I have read the foregoing and agree.

DATE _____

(OWNER / AGENT) _____

M-105A

↑ M-105A (4" x 2")

500 per roll

Label Size	1 Roll	3 Rolls	5 Rolls
"A" Series	\$25.50	\$23.00/ea	\$21.00/ea
"C" Series	\$28.50	\$26.00/ea	\$23.00/ea

You may combine labels of same size for quantity price break



Cage Cards

Quickly identify each animal in your care. These cards are made of sturdy white card stock and designed to work with our cage stickers on the following two pages. Fits standard 5" x 3" cage card holders.

NAME:	SEX:	TAG NO.	DATE IN:
			EST. DATE OUT:
OWNER:	PHONE #1	PHONE #2	
SPECIAL INSTRUCTIONS:			

← **Cage Card #1:** 100/pack
Non-Adhesive 5" x 3" card

↓ **Cage Card #2:** 100/pack
Non-Adhesive 5" x 3" card

OWNER:		NAME:															
DATE IN:		PH. #1															
EST. DATE OUT:		PH. #2															
		SUN		MON		TUES		WED		THURS		FRI		SAT			
		AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM		
FED																	
ATE																	
WATER																	
URINE																	
STOOL																	
MEDS																	
WALKED																	

Cage Card Labels

Attach our *Adhesive Backed Cage Card Labels* directly to your patient's file and have a record of their stay.

Both designs available in pink or blue.

CRACK AND PEEL HERE

NAME:	SEX:	TAG NO.	DATE IN:
			EST. DATE OUT:
OWNER:	PHONE #1	PHONE #2	
SPECIAL INSTRUCTIONS:			

Packs of 100

STANDARD CAGE CARDS & CAGE CARD LABELS				
1 Pack	2 - 5 Packs	6 - 10 Packs	11-25 Packs	26-50 Packs
\$10.50	\$10.00 / pk	\$9.50 / pk	\$8.50 / pk	\$8.00 / pk

CRACK AND PEEL HERE

OWNER:		NAME:															
DATE IN:		PH. #1															
EST. DATE OUT:		PH. #2															
		SUN		MON		TUES		WED		THURS		FRI		SAT			
		AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM		
FED																	
ATE																	
WATER																	
URINE																	
STOOL																	
MEDS																	
WALKED																	

↑ **Cage Card Label #1 (blue or pink):** 100/pack
Adhesive backed, on 5" x 3" card

→ **Cage Card Label #2 (blue or pink):** 100/pack
Adhesive backed, on 5" x 3" card

Design your own!

Design your own 5" x 3" cage card or cage card label just the way you want it. Fax or e-mail your design to us and we'll do the rest!

Custom Cage Card
or
Cage Card Label
5" x 3" card

CUSTOM CAGE CARDS & CAGE CARD LABELS		
1000	1500	2000
\$154.50	\$204.00	\$231.50

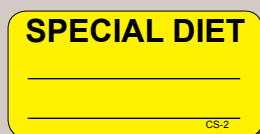
Custom Printing Plate Charge = \$27.00

Create your own custom wording!

*Actual Size
1 3/4" x 7/8"*



↑ CS-1



↑ CS-2



↑ CS-3



↑ CS-6



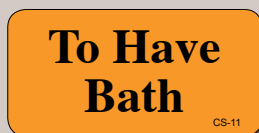
↑ CS-7



↑ CS-8



CS-10



↑ CS-11



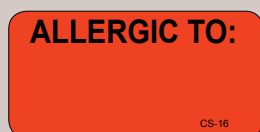
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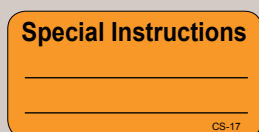
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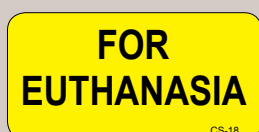
↑ CS-15



↑ CS-16



↑ CS-17



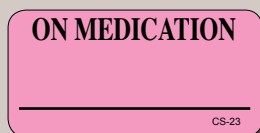
↑ CS-18



↑ CS-21



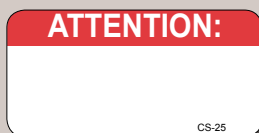
↑ CS-22



↑ CS-23



↑ CS-24



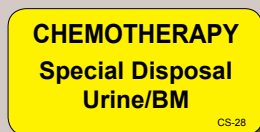
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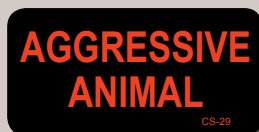
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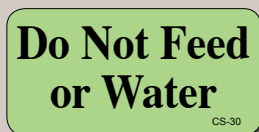
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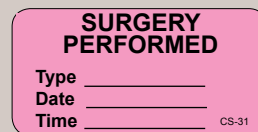
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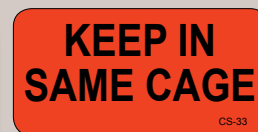
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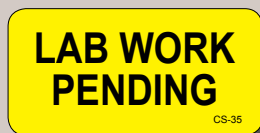
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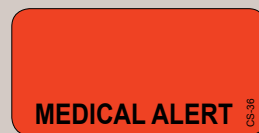
↑ CS-31



↑ CS-33



↑ CS-35



↑ CS-36

Dispenser Box Organizer Tray

By customer request!

Our useful, sturdy cardboard organizer tray holds 7 dispenser boxes.

\$10 each



12 3/4" x 4 3/4"

500 per dispenser box					
Mix and Match Cage Labels for best price!					
1 box	3+ boxes	5+ boxes	10+ boxes	25+ boxes	50+ boxes
\$10.50/ea	\$8.50/ea	\$8.00/ea	\$7.00/ea	\$6.00/ea	\$5.50/ea

1 3/4" x 7/8"



↑ CS-37



↑ CS-39



↑ CS-40



↑ CS-41



↑ CS-42



↑ CS-43



↑ CS-44



↑ CS-45



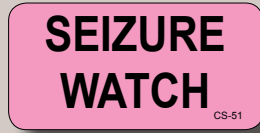
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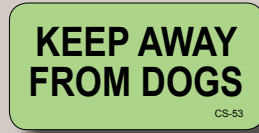
↑ CS-49



↑ CS-50



↑ CS-51



↑ CS-53



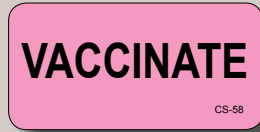
↑ CS-54



↑ CS-55



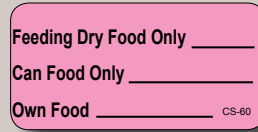
↑ CS-56



↑ CS-58



↑ CS-59



↑ CS-60



↑ CS-62



↑ CS-63



↑ CS-65



↑ CS-66



↑ CS-67



↑ CS-69



↑ CS-70



↑ CS-71



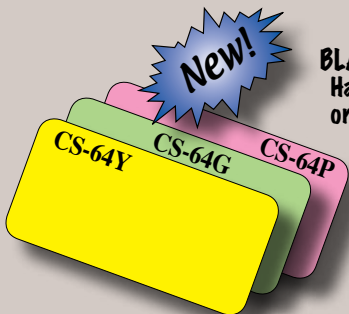
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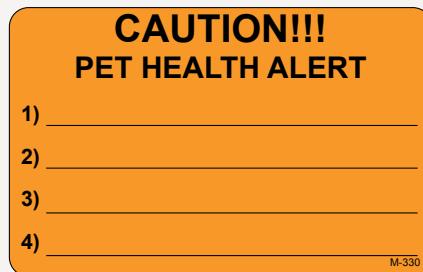
↑ CS-73



↑ CS-74



BLANK LABELS -
Handwrite your own
or use as a cover-up!



↑ M-330 (2 3/4" x 1 3/4")



↑ CS-100 (2 3/4" x 1 3/4")

500 per roll

1 roll for \$18.00 • 3+ rolls for \$17.00/ea • 5+ rolls for \$15.50/ea

16 Custom Labels for Heartworm, Flea & Tick

BRAVECTO®



ALL COUNTY ANIMAL HOSPITAL
645 Ponce de Leon Blvd., Brooksville, FL 34601
Dr. JoAnn K. Helm • Phone: (904) 796-6788

PATIENT _____ DATE _____

FLEA and TICK CONTROL

Give one chewable every three months with full meal for flea/tick control and prevention.

BRAVECTO®
(FLURALANER)
BRAVECTO for dogs

KEEP OUT OF CHILDREN'S REACH • FOR VETERINARY USE ONLY

FT-365

Comfortis™

(spinosad)



HACIENDA ANIMAL CLINIC
5180 Longbranch Hwy • Tucson, AZ 85737
(520) 689-5783

PATIENT _____ DATE _____

FLEA CONTROL

Give 1 tablet once a month with full meal for flea control and prevention.

Comfortis™
(spinosad)

KEEP OUT OF CHILDREN'S REACH • FOR VETERINARY USE ONLY

FT-308

Trifexis™

(spinosad+milbemycin oxime)



VALLEY VISTA PET HOSPITAL, P.C.
627 Valley Vista Rd., Sun Valley, ID 83353
Phone: (208) 736-2018

(patient) _____ (date) _____

Protection against heartworms, fleas, hookworms, roundworms & whipworms.

Give 1 tablet every 30 days with a FULL MEAL, year-round.

Trifexis™
(spinosad+milbemycin oxime)

Annual bloodtest for heartworm required.

KEEP OUT OF CHILDREN'S REACH • FOR VETERINARY USE ONLY

H-2103

revolution™

(selamectin)



FAMILY VETERINARY PRACTICE
5278 Country Road • Carmichael, CA 95608
Phone: (916) 456-3245

(patient) _____ (date) _____

revolution™
(selamectin)

Heartworm & External Parasite Protection

Empty the entire contents of one vial on the skin on the back of the neck monthly.

Dogs: Annual blood test for Heartworm required. Advise use of Heartworm Preventative year-round.

KEEP OUT OF CHILDREN'S REACH • FOR VETERINARY USE ONLY

H-1023

Vectra 3D®



FAMILY VETERINARY PRACTICE
5278 Country Road • Carmichael, CA 95608
Phone: (916) 456-3245

Patient _____ Date _____

FLEA, TICK & MOSQUITO CONTROL FOR DOGS

■ Apply monthly by parting hair to expose skin.

■ Apply evenly & directly to the skin in 3 or 4 spots along the dog's back from shoulder to base of tail. Use entire contents.

DO NOT USE ON CATS

KEEP OUT OF CHILDREN'S REACH • FOR VETERINARY USE ONLY

Vectra 3D®

FT-313

Choose from one of ours...
or **CREATE YOUR OWN**
for the same price!



Many sizes available, in one or two colors. See instructions on opposite page.

NexGard™

(afoxolaner) Chewables



VALLEY VISTA PET HOSPITAL, P.C.
627 Valley Vista Rd., Sun Valley, ID 83353
Phone: (208) 736-2018

PATIENT _____ DATE _____

FLEA and TICK CONTROL

Give one chewable once a month for flea/tick control and prevention.

NexGard™
(afoxolaner) Chewables

CAUTION: FOR DOGS ONLY

KEEP OUT OF CHILDREN'S REACH • FOR VETERINARY USE ONLY

FT-359

advantage®



Animal Clinic of North Clarksville
1567 Ft. Campbell Blvd., Clarksville, TN 37042
Phone: (615) 645-9890

PATIENT _____ DATE _____

FLEA CONTROL

■ CATS: Apply one tube at the top of the neck.

■ DOGS: Apply one tube to skin between shoulder blades.

■ Apply once a month for flea control.

advantage®

■ To REORDER please call (800) 000-0000.

KEEP OUT OF CHILDREN'S REACH • FOR VETERINARY USE ONLY

FT-211



FORT MADISON VETERINARY CLINIC
1215 36th Street & Hwy 61 West
Fort Madison, Iowa 52627 • (319) 372-9000

PATIENT _____ DATE _____

PARASITE PREVENTATIVE

■ CATS: Apply one tube to skin at the top of neck.

■ DOGS: Apply one tube to skin between shoulder blades. If over 20 lbs., see pkg. directions.

■ Apply monthly by parting hair to expose skin.

advantage® Multi
(imidacloprid, moxidectin)

KEEP OUT OF CHILDREN'S REACH • FOR VETERINARY USE ONLY

H-2072

IVERHART™



WHEATON VETERINARY HOSPITAL
719 Wheaton Dr., Lancaster PA 17603
Phone: (717) 744-1695

(patient) _____ (date) _____

HEARTWORM PREVENTIVE

Give one chewable by mouth **IVERHART™ Plus** once a month on the same day of each month. Give year-round. (ivermectin/pyrantel)

PRECAUTIONS: All dogs should be tested for existing heartworm infection prior to starting treatment.

KEEP OUT OF CHILDREN'S REACH • FOR VETERINARY USE ONLY

H-2023



HACIENDA ANIMAL CLINIC
5180 Longbranch Hwy • Tucson, AZ 85737
(520) 689-5783

(patient) _____ (date) _____

PARASITE PREVENTIVE

Give one chewable by mouth **IVERHART™ MAX** once a month on the same day of each month. Give year-round. (ivermectin/pyrantel pamoate/praziquantel)

PRECAUTIONS: All dogs should be tested for existing heartworm infection prior to starting treatment.

KEEP OUT OF CHILDREN'S REACH • FOR VETERINARY USE ONLY

H-2071

Heartgard® Plus

(ivermectin/pyrantel)



ALL COUNTY ANIMAL HOSPITAL
645 Ponce de Leon Blvd., Brooksville, FL 34601
Dr. JoAnn K. Helm • Phone: (904) 796-6788

(patient) _____ (date) _____

HEARTWORM PREVENTIVE

Give one chewable by mouth once a month on the same day of each month. Give year-round.

Heartgard® Plus
(ivermectin/pyrantel)

PRECAUTIONS: All dogs should be tested for existing heartworm infection prior to starting treatment.

KEEP OUT OF CHILDREN'S REACH • FOR VETERINARY USE ONLY

H-1096



ST. BONAVENTURE VETERINARY TREATMENT FACILITY
2800 Stoneridge Rd., Schenectady, NY 12228
(518) 372-6001

Owner: _____ Patient: _____

HEARTGARD® PLUS MEDICATION

Give _____ chewable(s) once monthly year-round to prevent heartworm disease and to treat and control roundworm and hookworm infections in dogs.

Dogs SHOULD be blood tested yearly.

KEEP OUT OF CHILDREN'S REACH • FOR VETERINARY USE ONLY

Date: _____ mcg. _____

H-2001

Sentinel™

(moxidectin/adamoctan + febantel)

COUNTRYSIDE ANIMAL CLINIC PC
4091 Dundee Rd., Northbrook, IL 60062 • (847) 498-5567

PATIENT _____ DATE _____

HEARTWORM PREVENTATIVE / FLEA CONTROL

■ Give 1 tablet every 30 days with a FULL MEAL, year-round.

■ If any interval between treatments reaches 60 days, contact our office before resuming use.

Sentinel™

KEEP OUT OF CHILDREN'S REACH • FOR VETERINARY USE ONLY

H-914



FAMILY VETERINARY PRACTICE
5278 Country Road • Carmichael, CA 95608
Phone: (916) 456-3245

PATIENT _____ DATE _____

HEARTWORM PREVENTATIVE / FLEA CONTROL

■ Give 1 tablet, once monthly with or immediately after a full meal.

■ Annual testing required for refill.

■ To REORDER please call (800) 000-0000.

Sentinel™

KEEP OUT OF CHILDREN'S REACH • FOR VETERINARY USE ONLY

H-930

FRONTLINE® PLUS



WOOLDRIDGE CREEK ANIMAL HOSPITAL
5650 Woolldridge Rd., Corpus Christi, TX 78414
Phone: (512) 991-5522

Patient: _____ Date: _____

FLEA & TICK CONTROL

Apply MONTHLY by parting the hair to expose skin and squeezing the tube.

FRONTLINE® PLUS

■ CATS: Apply one tube at the top of the neck.

■ DOGS: Apply one tube to skin between the shoulder blades.

■ To REORDER please call (800) 000-0000.

KEEP OUT OF CHILDREN'S REACH • FOR VETERINARY USE ONLY

FT-266



WOOLDRIDGE CREEK ANIMAL HOSPITAL
5650 Woolldridge Rd., Corpus Christi, TX 78414
Phone: (512) 991-5522

Patient: _____ Date: _____

FLEA & TICK CONTROL

Apply MONTHLY by parting the hair to expose skin and squeezing the tube.

FRONTLINE® PLUS

■ CATS: Apply one tube at the top of the neck.

■ DOGS: Apply one tube to form stripe from shoulder blades to base of the tail.

KEEP OUT OF CHILDREN'S REACH • FOR VETERINARY USE ONLY

FT-373

New!

Instructions

Steps:

1. Choose a size & shape from page 20 or 21.
2. Decide on an ink color: red, blue or black.
3. Choose from our pre-made directions below, make any edits to these you'd like...or create your own!
4. Pick out a typestyle & stock logo from the order form on page 23...or send us your custom logo!
5. The cost for each corresponding label size is on page 22.

Example:

Size: R-9
Shape: Rectangle
Color: Red
Directions: #19
Logo: #02
Typestyle: C



Pricing:

R-9: \$57.00 per roll of 1000
One-time plate charge: \$17
Stock Logo: no charge
Total: \$74.00

Our graphic artist will send you a proof prior to printing!

#5

Medication _____ # _____ Date _____
Owner _____ Patient _____
Directions: _____ (Capsules, Tablets) _____ Times daily

KEEP OUT OF CHILDREN'S REACH • FOR VETERINARY USE ONLY

#19

DATE: _____ DRUG: _____
DIRECTIONS _____

PATIENT: _____ DR: _____
KEEP OUT OF CHILDREN'S REACH • FOR VETERINARY USE ONLY

#19 mobile

DATE: _____ DRUG: _____
DIRECTIONS _____

PATIENT: _____ DR: _____
KEEP OUT OF CHILDREN'S REACH • FOR VETERINARY USE ONLY
We Come To You!

#20

Client/Patient _____
DRUG Use _____
_____ Tablet(s) / Capsule(s) Every _____ Hours
_____ Dropper(s)ful / Drop(s) / cc(s) _____ Times daily

KEEP OUT OF CHILDREN'S REACH • FOR VETERINARY USE ONLY

#21

(patient) _____ (date) _____
DIRECTIONS: _____

KEEP OUT OF CHILDREN'S REACH • FOR VETERINARY USE ONLY

#417

(patient) _____ (date) _____
Rx _____

CAUTION: Federal Law restricts this drug to use by or on the order of a licensed veterinarian.
KEEP OUT OF CHILDREN'S REACH • FOR VETERINARY USE ONLY

#312

Patient: _____ Date: _____
_____ Capsules(s) _____ Times daily
_____ Tablet(s) Every _____ hours
_____ Teaspoon(s) Every _____ days
_____ Dropper(s)ful
Other Directions: _____
KEEP OUT OF CHILDREN'S REACH • FOR VETERINARY USE ONLY

#419

(Client) _____ (Patient) _____ (Date) _____
(No.) _____ (Drug) _____ (Exp. date) _____

KEEP OUT OF CHILDREN'S REACH • FOR VETERINARY USE ONLY

#414

(Patient) _____ (Owner) _____ (Date) _____
_____ Tablet(s) Every _____ Hours
_____ Capsule(s) _____ Times daily for _____ days
_____ Drop(s) / CC(s) Drug: _____
_____ Teaspoon(s) Strength: _____ Quantity: _____
_____ Dropper(s)ful Expiration: _____
Use: _____
KEEP OUT OF CHILDREN'S REACH • FOR VETERINARY USE ONLY

H-236

Patient: _____ Date: _____
HEARTWORM PREVENTATIVE
Directions: Give _____ tablet(s) MONTHLY
Give year-round and test annually.
NOTE: Dog must be tested heartworm free prior to being given this medication.
KEEP OUT OF CHILDREN'S REACH • FOR VETERINARY USE ONLY





**If you can imagine it,
we can create it -
lab results ~ address labels
product labels...**



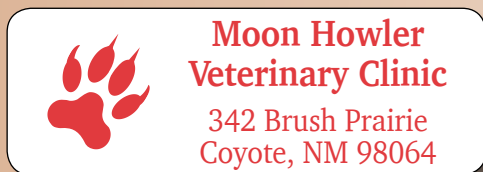
R-6 (2" x 1½")



R-5 (3" x 1")



R-10 (3" x 2")



R-3 (2½" x 7/8")



O-3 (1½" x 1")

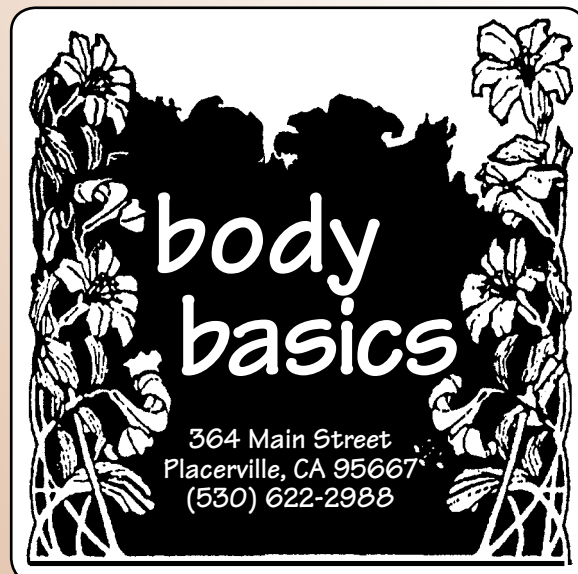
Label Shields



These clear shields will protect your Rx labels from smearing, moisture, and the general wear and tear of handling.

Rolls of 500

Size:	1 Roll	3 Rolls	5 Rolls	10 Rolls
LS-9 (2¾" x 1¾")	\$19.00	\$17.50/ea	\$16.00/ea	\$14.00/ea
LS-10 (3" x 2")	\$21.50	\$20.00/ea	\$17.00/ea	\$15.50/ea
LS-11 (4" x 2")	\$22.50	\$20.50/ea	\$19.00/ea	\$17.00/ea



Custom Size (3" x 3")

Secondary Container Labels

PRODUCT:

HAZARD					
FLAMMABLE	TOXIC	REACTIVE	CORROSIVE	IRRITANT	CARCINOGEN
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROTECTIVE EQUIPMENT					TARGET ORGAN:
GLOVES	FACE SHIELD/GOOGLES	APRON	BOOTS	RESPIRATOR	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
MANUFACTURER:					

CONSULT MSDS FOR INFORMATION

M-134 PACKS OF 30 OR 100

Single cut labels in a zip lock bag, includes pen
\$18.50 / pack of 30
\$46.50 / pack of 100

M-134 (3 1/2" x 2 5/8")

Laminating Labels Included

Generic Stock Rx Labels



This space left blank for your stamp or return address labels

#414 Generic

(Patient) _____ (Owner) _____ (Date) _____
 _____ Tablet(s) _____ Every _____ Hours
 _____ Capsule(s) _____ Times daily for _____ days
 _____ Drop(s) / CC(s) _____ Drug: _____
 _____ Teaspoon(s) _____ Strength: _____ Quantity: _____
 _____ Dropper(s)/ful _____ Expiration: _____

Use: _____

KEEP OUT OF CHILDREN'S REACH • FOR VETERINARY USE ONLY

Actual Size
2 3/4" x 1 3/4"

Rolls of 500

1-5 rolls
\$18.00/roll
6-9 rolls
\$16.50/roll
10+ rolls
\$14.00/roll



This space left blank for your stamp or return address labels

(Client) _____ (Patient) _____ (Date) _____
 (No.) _____ (Drug) _____ (Exp. date) _____

KEEP OUT OF CHILDREN'S REACH • FOR VETERINARY USE ONLY

#419 Generic



Pin Feed Rx Labels

EAGLE EYE VETERINARY HOSPITAL
 Specializing in Patriotic Ophthalmology
 3030 Nest Ave. • Insight, IL • (800) 622-7009

CP-95 / Custom

KEEP OUT OF CHILDREN'S REACH • FOR VETERINARY USE ONLY

CP-95 / M-254
(30% off Custom Price)

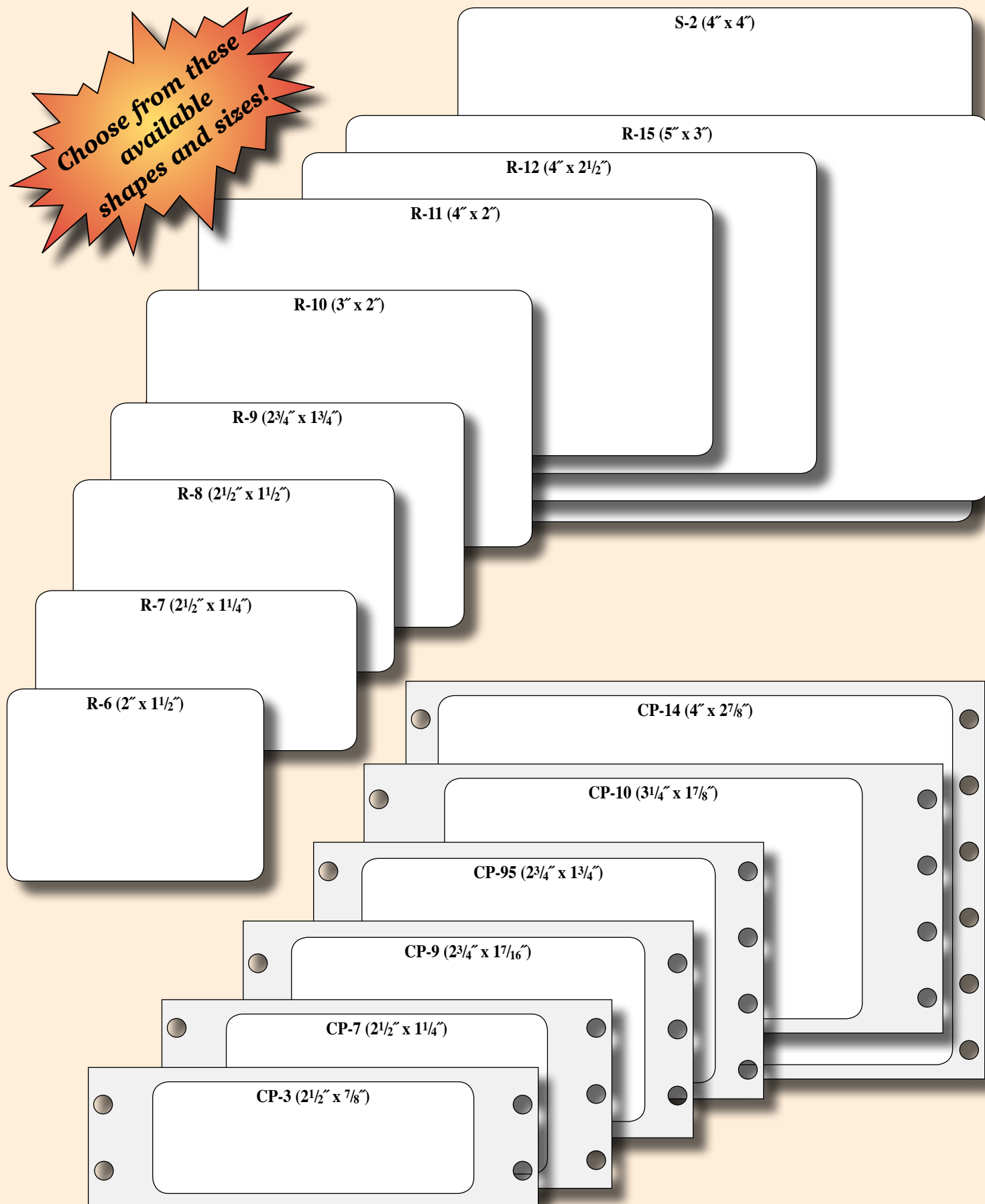
KEEP OUT OF CHILDREN'S REACH • FOR VETERINARY USE ONLY

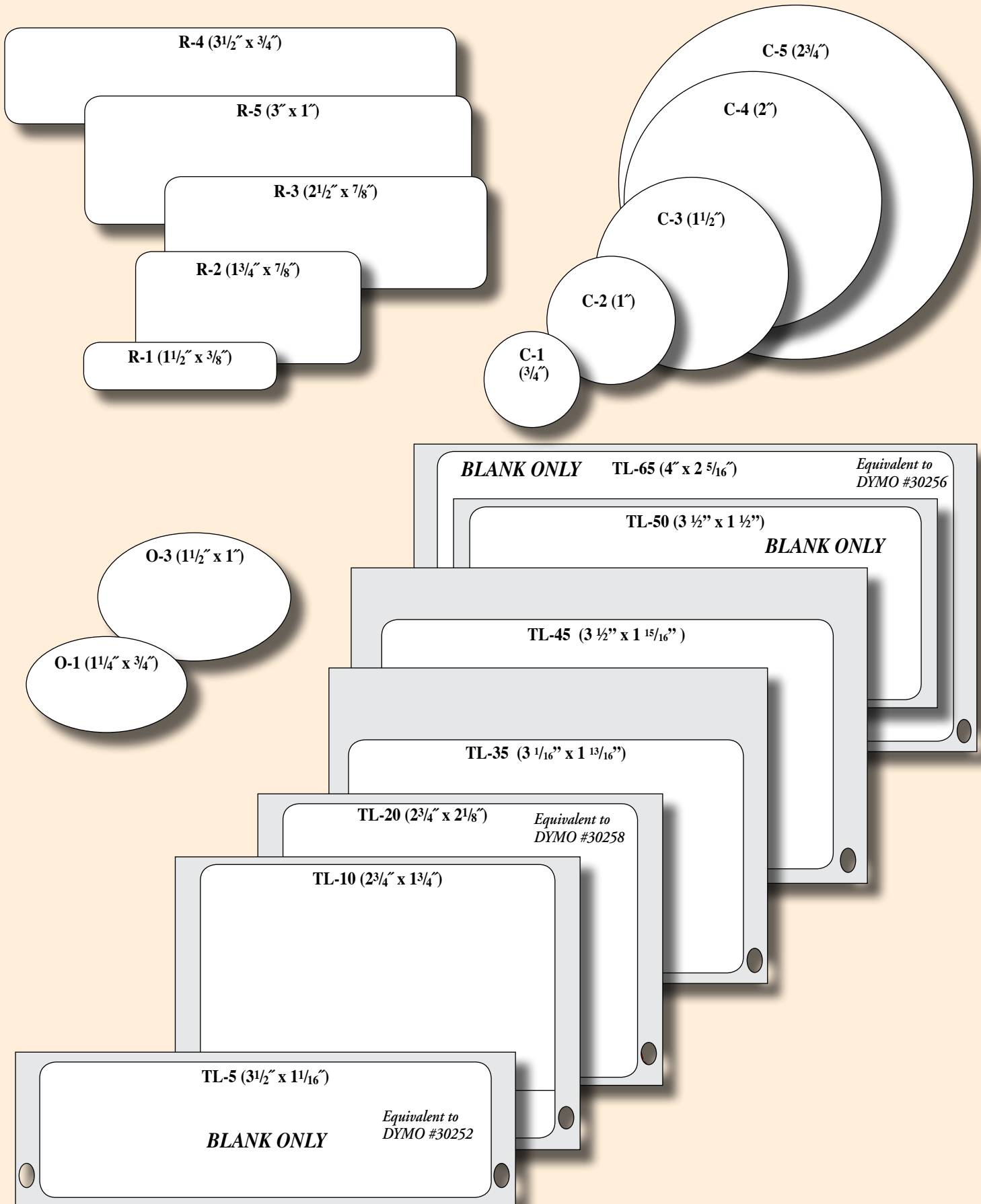
CP-95 / Blank Labels
(50% off Custom Price)

CP-95 / M-158
(30% off Custom Price)

KEEP OUT OF CHILDREN'S REACH • FOR VETERINARY USE ONLY

*For size availability
and pricing
see pages 20-22*





Prices below are for custom printed labels on white, non-glossy, pressure sensitive label paper with one ink color (your choice of red, blue or black). For custom colors or larger quantities, call for a price quote.

FOR 2-3 INK COLORS (Minimum order of 3,000): Add 30% for each additional color up to a total of 3 ink colors.

Add \$10.00 to printing plate charge for each additional color.

SPECIALTY PAPER: Add 30% to price list for fluorescent paper color, Gold or Silver Foil paper, Clear Mylar and Vinyl stock.

Add 20% for Laminating.

ONE-TIME PRINTING PLATE CHARGE (per label copy): Your label is printed using a one-piece plate. Any change requires remaking the whole plate. See printing plate charges below. Note: Plates not used for 3 years may be discarded and new printing plate fee charged.

Orders cancelled after the label has been designed for proofing will be charged printing plate fee.

PRICE BREAKS: Price breaks for 3,000, 5,000 or 10,000 labels are for the SAME label copy in one continuous run.

LABEL DESIGN: You may choose from multiple "directions" as illustrated in the catalog or you may design your own label (See "Creating Your Own Custom Label" on page 17). Rx labels are printed with your hospital name and/or doctor's name, address, phone number and web-site if requested.

TURN-AROUND TIME: Repeat custom orders shipped in 10 bus. days, new custom orders 15 bus. days or by special arrangement.

RECTANGLES	SIZE (inches)	PER 1,000	PER 3,000	PER 5,000	PER 10,000	Printing Plate Charge	Printing Plate w/Custom Logo	
R-1	1 1/2" x 3/8"	\$33.00	\$30.00/k = \$90.00	\$26.00/k = \$130.00	\$20.00/k = \$200.00	\$12.00	\$27.00	
R-2	1 3/4" x 7/8"	\$39.00	\$35.00/k = \$105.00	\$30.00/k = \$150.00	\$24.00/k = \$240.00	\$12.00	\$27.00	
R-3	2 1/2" x 7/8"	\$43.00	\$38.00/k = \$114.00	\$33.00/k = \$165.00	\$24.00/k = \$240.00	\$12.00	\$27.00	
R-4	3 1/2" x 3/4"	\$46.00	\$42.00/k = \$126.00	\$36.00/k = \$180.00	\$29.00/k = \$290.00	\$12.00	\$27.00	
R-5	3" x 1"	\$50.00	\$44.00/k = \$132.00	\$38.00/k = \$190.00	\$30.00/k = \$300.00	\$12.00	\$27.00	
R-6	2" x 1 1/2"	\$49.00	\$44.00/k = \$132.00	\$38.00/k = \$190.00	\$30.00/k = \$300.00	\$12.00	\$27.00	
R-7	2 1/2" x 1 1/4"	\$49.00	\$44.00/k = \$132.00	\$38.00/k = \$190.00	\$30.00/k = \$300.00	\$12.00	\$27.00	
R-8	2 1/2" x 1 1/2"	\$53.00	\$48.00/k = \$144.00	\$41.00/k = \$205.00	\$33.00/k = \$330.00	\$17.00	\$32.00	
R-9	2 3/4" x 1 3/4"	\$57.00	\$52.00/k = \$156.00	\$44.00/k = \$220.00	\$35.00/k = \$350.00	\$17.00	\$32.00	
R-10	3" x 2"	\$64.00	\$58.00/k = \$174.00	\$49.00/k = \$245.00	\$39.00/k = \$390.00	\$17.00	\$32.00	
R-11	4" x 2"	\$71.00	\$64.00/k = \$192.00	\$54.00/k = \$270.00	\$43.00/k = \$430.00	\$22.00	\$37.00	
R-12	4" x 2 1/2"	\$81.00	\$73.00/k = \$219.00	\$62.00/k = \$310.00	\$49.00/k = \$490.00	\$22.00	\$37.00	
R-15	5" x 3"	\$100.00	\$90.00/k = \$270.00	\$77.00/k = \$385.00	\$61.00/k = \$610.00	\$27.00	\$42.00	
SQUARES								
S-2	4" x 4"	\$102.00	\$93.00/k = \$279.00	\$83.00/k = \$415.00	\$71.00/k = \$710.00	\$27.00	\$42.00	
OVALS								
O-1	1 1/4" x 3/4"	\$33.00	\$30.00/k = \$90.00	\$26.00/k = \$130.00	\$20.00/k = \$200.00	\$12.00	\$27.00	
O-3	1 1/2" x 1"	\$39.00	\$35.00/k = \$105.00	\$30.00/k = \$150.00	\$24.00/k = \$240.00	\$12.00	\$27.00	
CIRCLE								
C-1	3/4"	\$33.00	\$30.00/k = \$90.00	\$26.00/k = \$130.00	\$20.00/k = \$200.00	\$12.00	\$27.00	
C-2	1"	\$39.00	\$35.00/k = \$105.00	\$30.00/k = \$150.00	\$24.00/k = \$240.00	\$12.00	\$27.00	
C-3	1 1/2"	\$49.00	\$44.00/k = \$132.00	\$33.00/k = \$165.00	\$30.00/k = \$300.00	\$12.00	\$27.00	
C-4	2"	\$53.00	\$48.00/k = \$144.00	\$41.00/k = \$205.00	\$33.00/k = \$330.00	\$17.00	\$32.00	
C-5	2 3/4"	\$57.00	\$52.00/k = \$156.00	\$44.00/k = \$220.00	\$36.00/k = \$360.00	\$17.00	\$32.00	
PIN FEED	SIZE (inches)	BACKING PAPER WIDTH	ROLL OF 1,000	3 ROLLS OF 1,000 = 3,000	5 ROLLS OF 1,000 = 5,000	10 ROLLS OF 1,000 = 10,000	Printing Plate Charge	Printed with Your Custom Logo
CP-3	2 1/2" x 7/8"	3 1/2" *	\$48.00	\$43.00/k = \$129.00	\$39.00/k = \$195.00	\$35.00/k = \$350.00	\$12.00	\$27.00
CP-7	2 1/2" x 1 1/4"	3 1/2" *	\$55.00	\$50.00/k = \$150.00	\$45.00/k = \$225.00	\$40.00/k = \$400.00	\$12.00	\$27.00
CP-9	2 3/4" x 1 7/16"	3 1/2" *	\$64.00	\$57.00/k = \$171.00	\$51.00/k = \$255.00	\$46.00/k = \$460.00	\$17.00	\$32.00
CP-95	2 3/4" x 1 3/4"	3 1/2" *	\$67.00	\$61.00/k = \$183.00	\$55.00/k = \$275.00	\$50.00/k = \$500.00	\$17.00	\$32.00
CP-10	3 1/4" x 1 7/8"	4 1/2" *	\$73.00	\$65.00/k = \$195.00	\$59.00/k = \$295.00	\$53.00/k = \$530.00	\$17.00	\$32.00
CP-14	4" x 2 7/8"	4 1/2" *	\$97.00	\$87.00/k = \$261.00	\$78.00/k = \$390.00	\$66.00/k = \$660.00	\$22.00	\$37.00
*Need extra backing paper width on your Computer Label? Add \$1.50 per inch, per thousand. For blank labels, deduct 50% off price list.								

THERMAL PRINTER LABELS

SEE PAGES 8 & 9 FOR SIZES AND PRICING

LOGOS

My Custom Logo

(add \$15 to plate charge)

MCL

Stock Logos:
(No extra plate charge)



VCA



001



002



003



004



005



006



007



008



009



010



011



012



013



014



015

FAX/MAIL ORDER FORM

Fax Orders
530-626-1808

Order Toll-Free
800-622-7009

To place your custom printed label order:

- 1 — Please type or print your label heading information.
- 2 — Indicate ink color (red, black or blue).
- 3 — Pick type style & logo.
- 4 — Select label size (from page 20-21).

- 5 — Indicate your choice of directions plate

OR simply design your own!

- 6 — Determine the price per thousand (see page 22) and the total price.
- 7 — Determine your custom printing plate charge (see plate charge column of price list on page 22).

☐ NEW CUSTOMER PLEASE PROVIDE YOUR HOSPITAL INFORMATION BELOW:

☐ RE-ORDER Hospital Name _____

☐ REQUESTING LABEL CHANGE Street Address _____ City _____ State _____ Zip _____

☐ NEW LABEL Doctor's Name _____ Phone Number _____

(ONLY IF YOU WANT IT PREPRINTED ON LABEL HEADING)

Ship to (if different than above): _____

Bill to: _____ Fax Number _____

Email address: _____ PO # _____

CUSTOM PRINTED & COMPUTER PRINTER LABELS

INK COLOR	PAPER COLOR	TYPE STYLE	LOGO #	LABEL SIZE	DIRECTIONS PLATE #	QUANTITY	PRICE PER THOUSAND	SUB TOTAL	PRINTING PLATE CHARGE	TOTAL AMOUNT
							\$	\$	\$	\$
							\$	\$	\$	\$
							\$	\$	\$	\$
							\$	\$	\$	\$
							\$	\$	\$	\$
							\$	\$	\$	\$
							\$	\$	\$	\$

I want my custom printed labels: ☐ Rolled for Handmarking ☐ Rolled for Typewriter or Computer ☐ I also want my labels perforated at \$3.00 per thousand ☐ I want my labels cut into a stack of singles @ \$5.00 per thousand (not available sizes R-1 through R-5)

\$

STOCK LABELS

PAGE #	ITEM #	DESCRIPTION	QUANTITY	UNIT PRICE
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$

PAYMENT METHOD (New accounts require payment in advance by check or credit card.)

☐ **Credit Card** - FREE freight for orders over \$250 (UPS ground, 48 contiguous states only). For orders under \$250 freight charge will be added to your order based on weight, dimensions & location.

☐ **Check Enclosed** - earns a 5% cash discount! FREE freight for orders over \$250 (UPS ground, 48 contiguous states only). For orders under \$250 please call for a quote to determine exact freight charge.

Charge to: ☐ VISA ☐ MASTERCARD

ACCOUNT NUMBER

EXPIRATION DATE

☐ **Open Account** - available to established customers only.

Freight charge will be added to your order based on weight, dimensions & location.
Terms: NET 30 DAYS

TYPESTYLES:

- A) Cochin Bold C) Palatino Bold E) Rockwell Bold
B) Garamond Bold Italic D) Snell Roundhand F) Helvetica Bold

SUB TOTAL	\$
Less 5% - Check with order	\$
Sales Tax % by county (CA only) 6 1/4% (IL only)	\$
Freight	CALL FOR QUOTE
SUB TOTAL	\$
LESS CHECK ENCLOSED	\$
NET TOTAL DUE	\$

ABOVE ORDER SUBMITTED BY:

(PLEASE PRINT)

Make checks payable to: **ParaMedical Labels**
Mail to: P.O. Box 199000
Diamond Springs, CA 95619

TO ORDER:

By Phone: Call 800-622-7009 toll free
M-F, 8:00 am - 4:30 pm PST

By Fax: 530-626-1808
24 hours a day, 7 days a week

Online: paramedicallabels.com

Shipping - We use UPS and the USPS to deliver our labels as quickly and efficiently as possible. Shipping cost is determined by weight, dimensions & location. Multiple items are boxed together.

Customer satisfaction is 100% guaranteed!!

Returns - Stock items may be returned within 6 months of purchase. Please call for details. Custom labels are NOT returnable.