

2018

ParaMedical Labels

of Cooo...kamonga, inc.

**Celebrating
pets and
their people
for 47 years!**

**10%
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

2 ways to claim a discount!

10% Discount Offer!!

We're looking for a prescription that provides a happier & healthier life. The Rx is printed on a bottle located somewhere in our catalog!

To receive your discount, call our friendly staff & let us know what the Rx on the bottle says, or enter it as a one-time promotional code online!

Discount may not be combined with any other discount or sales promotion. Expires 12/31/18. Valid one time.

Leave a product review online and earn a \$10 off coupon!!

Navigate to the product you wish to leave a review on, scroll to the bottom & fill in the blanks!

Coupon may not be combined with any other discount or sales promotion. Valid one time.

Table of Contents

| | |
|----------------------------|-------|
| Dental Record | 3 |
| Urinalysis | 3 |
| Lab Results/Medical Record | 4-5 |
| Drug Syringe | 6 |
| Added to I.V. | 6 |
| Heartworm Warning | 6 |
| Medication Instruction | 7 |
| Thermal Labels | 8-9 |
| Label Shields | 9 |
| Office Labels | 10-11 |
| Firefighter Alert | 11 |
| Authorization/Releases | 12 |
| Cage Cards & Labels | 13 |
| Cage Labels | 14-15 |
| Custom Labels | 16-18 |
| Secondary Container OSHA | 19 |
| Generic Rx Labels | 19 |
| Pin Feed Rx | 19 |



Dave Howard
Owner

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

A 47-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

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 eight (including 4 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!



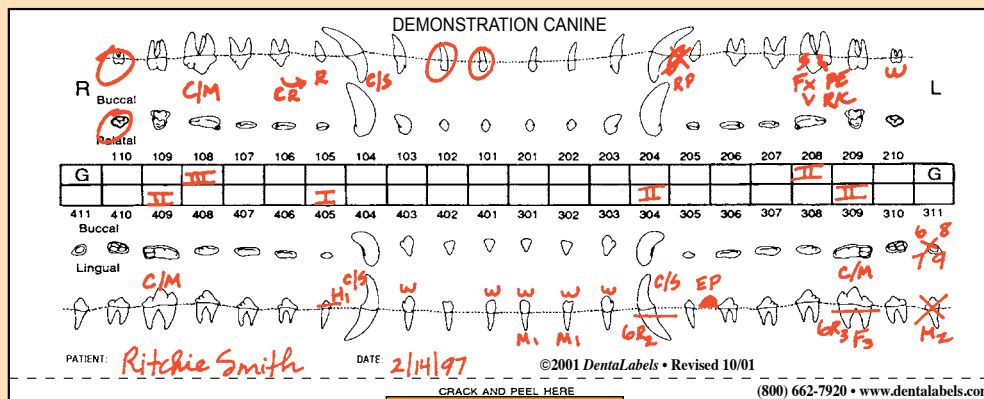
C.S. "Ted" Howard
Our Founder
1929-1980



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: _____

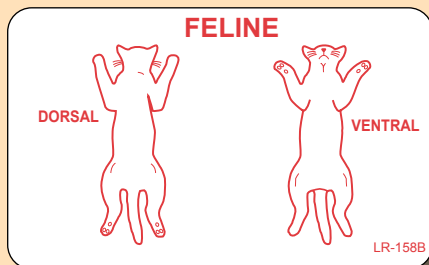
WBC: _____ RBC: _____

Bacteria: _____ Crystals: _____

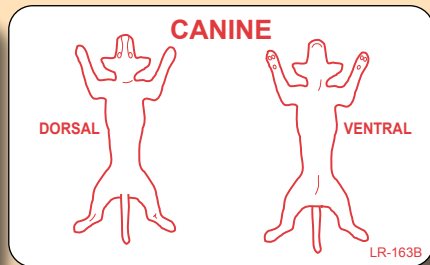
Interpretation: _____

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 _____

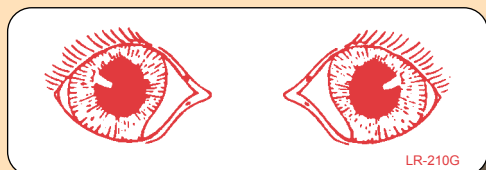
LR-42C

↑ 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 ☐ U / G ☐ Rabies ☐
 Throat ☐ Skin ☐
 Teeth ☐ Other: _____
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
 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")

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

← LR-40A
(4" x 2")

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")

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")

| 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! | | | | | |



ROLL HOLDERS

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

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

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")

| PROPOFOL mg SY-1 | NORMAL SALINE SY-2 | mg / cc SY-3 | ANTIBIOTIC mg SY-4 | MORPHINE mg SY-5 | | | | | | | | | | | | |
|----------------------------------|------------------------------------|--|---|--------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| ↑ SY-1 | ↑ SY-2 | ↑ SY-3 | ↑ SY-4 | ↑ SY-5 | | | | | | | | | | | | |
| ATROPINE mg SY-6 | TELAZOL mg SY-7 | BUTORPHANOL mg SY-8 | ACEPROMAZINE mg SY-9 | KETAMINE mg SY-10 | | | | | | | | | | | | |
| ↑ SY-6 | ↑ SY-7 | ↑ SY-8 | ↑ SY-9 | ↑ SY-10 | | | | | | | | | | | | |
| Rabies IM / SQ SY-11 | DIAZEPAM mg SY-12 | KETAMINE _____ mg SY-13 VALIUM _____ mg SY-13 | HEPARINIZED SALINE SY-14 | BUPRENEX mg SY-16 | | | | | | | | | | | | |
| ↑ SY-11 | ↑ SY-12 | ↑ SY-13 | ↑ SY-14 | ↑ SY-16 | | | | | | | | | | | | |
| HYDROMORPHONE mg SY-17 | CLEAR Dosage Line SY-18R | CLEAR Dosage Line SY-18B | FENTANYL mg SY-19 | MIDAZOLAM mg SY-20 | | | | | | | | | | | | |
| ↑ SY-17 | ↑ SY-18R | ↑ SY-18B | ↑ SY-19 | ↑ SY-20 | | | | | | | | | | | | |
| DEXDOMITOR mg SY-21 | ANTISEDAN mg SY-22 | METACAM mg SY-23 | RIMADYL mg SY-24 | OXYMORPHONE mg SY-25 | | | | | | | | | | | | |
| ↑ SY-21 | ↑ SY-22 | ↑ SY-23 | ↑ SY-24 | ↑ SY-25 | | | | | | | | | | | | |
| CERENIA mg SY-26 | TORBUGESIC mg SY-27 | CEFAZOLIN mg SY-28 | ALFAXAN mg SY-29 | METHADONE mg SY-30 | | | | | | | | | | | | |
| ↑ SY-26 | ↑ SY-27 | ↑ SY-28 | ↑ SY-29 | ↑ SY-30 | | | | | | | | | | | | |
| LIDOCAINE mg SY-31 | New Labels! | FAMOTIDINE mg SY-32 | 11 1/2" x 3/8" 500 per dispenser box Mix & Match Syringe & Medication Instruction Labels <table border="1"> <thead> <tr> <th>1 box</th> <th>3+ boxes</th> <th>5+ boxes</th> <th>10+ boxes</th> <th>25+ boxes</th> <th>50+ boxes</th> </tr> </thead> <tbody> <tr> <td>\$8.50/ea</td> <td>\$7.50/ea</td> <td>\$7.00/ea</td> <td>\$6.00/ea</td> <td>\$5.00/ea</td> <td>\$4.50/ea</td> </tr> </tbody> </table> | | 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 |
| 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 | | | | | | | | | | | |
| ↑ SY-31 | | ↑ SY-32 | | | | | | | | | | | | | | |
| BUPIVACAINE mg SY-33 | METRONIDAZOLE mg SY-34 | | | | | | | | | | | | | | | |
| ↑ SY-33 | ↑ SY-34 | | | | | | | | | | | | | | | |

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 roll | 3+ rolls | 5+ rolls | 10+ rolls |
|------------|------------|------------|------------|
| \$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

USE FIRST
C-54

↑ C-54

**New
Label!**

WE ♥ PETS
↑ M-119

1 1/2" 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 |

Dispenser Box Organizer Tray

By customer request!

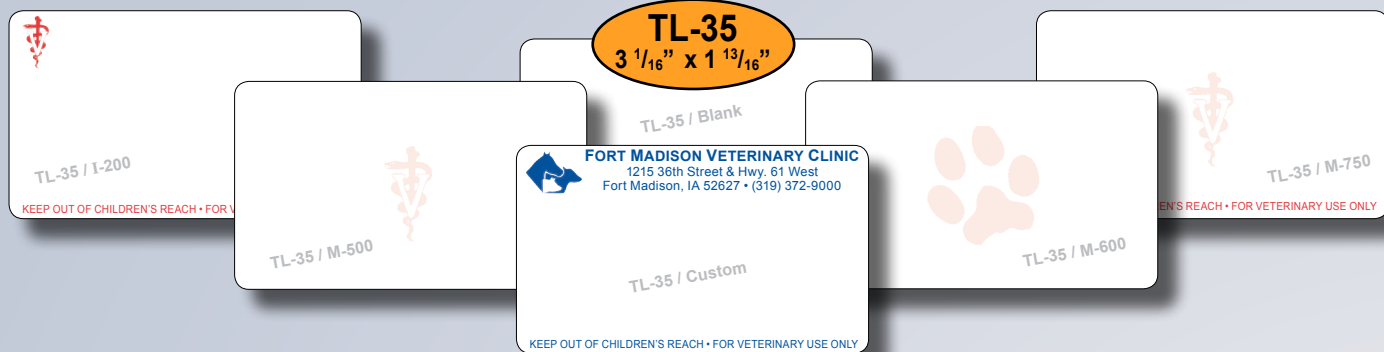
Our useful,
sturdy cardboard
organizer tray holds
7 dispenser boxes.



\$10 each

12 3/4" x 4 3/4"

8 Thermal Labels for Dymo, Zebra & Eltron Printers



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 |

Custom Printing Plate Charges:

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

*one color - red, blue or black

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"

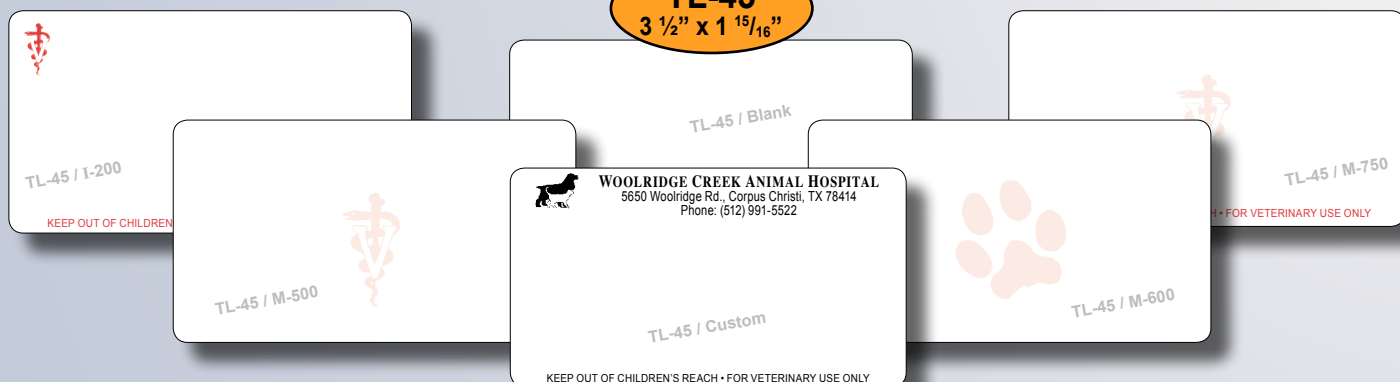
Rolls of 400

| 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 |

Custom Printing Plate Charges:

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

*one color - red, blue or black

Thermal Labels for Dymo Printers/Label Shields 9

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

Actual
Size

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

Equivalent to
DYMO #30252

TL-5
4" x 2 5/16"

Actual
Size

| 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 |

Printer Cleaning Cards

10 pack
\$1200



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

Label Shields

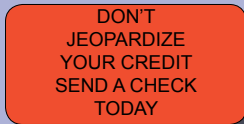


These clear shields will
protect your Rx labels
from smearing, moisture,
and the general wear and
tear of handling.

Rolls of 500

| Size: | 1 Roll | 3 Rolls | 5 Rolls | 10 Rolls |
|------------------------|---------|------------|------------|------------|
| LS-9 (2 3/4" x 1 3/4") | \$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 |

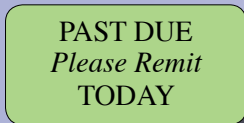
10 Office Labels



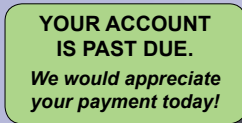
↑ WCS-50 (1 3/4" x 7/8")



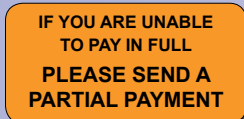
↑ M-3233 (1 1/4" x 3/4")



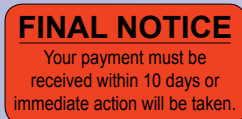
↑ WCS-51 (1 3/4" x 7/8")



↑ WCS-53 (1 3/4" x 7/8")



↑ WCS-52 (1 3/4" x 7/8")



↑ WCS-54 (1 3/4" x 7/8")



↑ YL-18-P (1 3/4" x 7/8")



↑ YL-19-O (1 3/4" 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 |

Appointment Reminder Labels



Pretty Bird Animal Hospital
121212 Mimic Lane • Parrot, Georgia 39877
229-555-1234

APPOINTMENT

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.

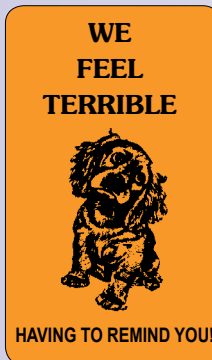
M-173

3 1/2" x 1 3/4"

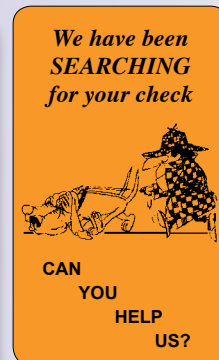
| 1000 | 3000 |
|---------|-------------------------|
| \$55.00 | \$48.50/k = \$145.50 |

Custom Printing
Plate Charges:

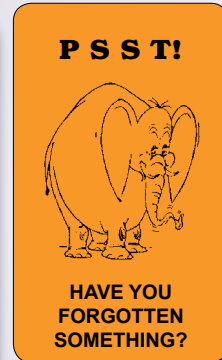
\$17.00 (w/stock logo)
\$32.00 (w/custom logo)



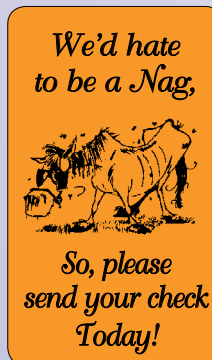
↑ ICS-2 (1 1/2" x 2 1/2")



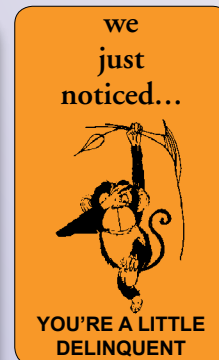
↑ ICS-3 (1 1/2" x 2 1/2")



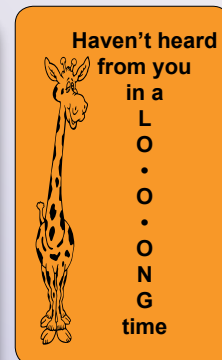
↑ ICS-5 (1 1/2" x 2 1/2")



↑ ICS-6 (1 1/2" x 2 1/2")



↑ ICS-7 (1 1/2" x 2 1/2")



↑ ICS-8 (1 1/2" x 2 1/2")

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!

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!**

Large size
also available

FIREFIGHTER "ALERT"

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.

M-106 Classic (4" x 27/8")

Pack of 500

| Label Size | 1 pack | 2 packs | 3 packs | 5 packs | 10 packs | 25 packs |
|--------------------------------|----------|---------------------------|---------------------------|---------------------------|--------------------------|---------------------------|
| 4" x 27/8" M-106 Classic | \$112.00 | \$84.00/pk = \$168.00 | \$76.00/pk = \$228.00 | \$68.00/pk = \$340.00 | \$58.00/pk = \$580.00 | \$49.50/pk = \$1237.50 |
| 7 1/8" x 4 1/2" M-106 Large | \$150.00 | \$130.00/pk = \$260.00 | \$118.00/pk = \$354.00 | \$100.00/pk = \$500.00 | \$84.00/pk = \$850.00 | \$75.00/pk = \$1875.00 |

ONLY 16¢
EACH!*

Custom Printing Plate Charges:

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

Large: \$22.00 (w/stock logo); \$37.00 (w/custom logo)

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



FREE! Special Marking Pen
supplied with each order!

Is Your Pet Microchipped?

Microchipping Saves Lives!

Ask a staff member
for more information

M-979 (1 1/2" x 2 1/2")

Rolls of 500

1 roll
\$16.50

3 rolls
\$15.00 ea

5 rolls
\$14.00 ea



M-3200 (1 1/2" diameter)

Box of 500

1 box
\$12.00

3 boxes
\$10.50 ea

5 boxes
\$9.00 ea

**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 RELEASEYou 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

| | | | |
|---------------------------------|----------|----------|-----------|
| NAME: | SEX: | TAG# | DATE IN: |
| | | | DATE OUT: |
| OWNER | PHONE #1 | PHONE #2 | |
| SPECIAL INSTRUCTIONS 5 day stay | | | |
| | MON | | TUES |
| | AM | PM | AM PM |
| WATER | | | |
| FEED | | | |
| MEDS | | | |

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

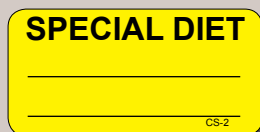
14 Cage Labels

Create your own custom wording!

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



↑ CS-1



↑ CS-2



↑ CS-3



↑ CS-6



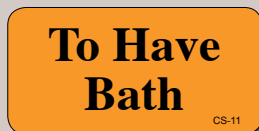
↑ CS-7



↑ CS-8



CS-10



↑ CS-11



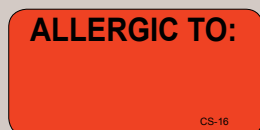
↑ CS-12



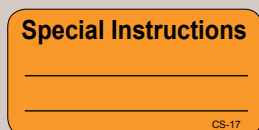
↑ CS-14



↑ CS-15



↑ CS-16



↑ CS-17



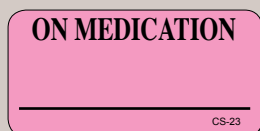
↑ CS-18



↑ CS-21



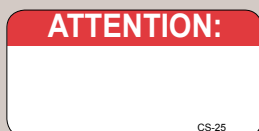
↑ CS-22



↑ CS-23



↑ CS-24



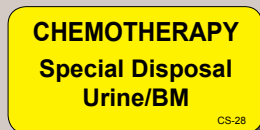
↑ CS-25



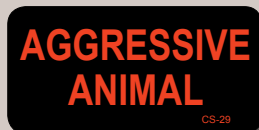
↑ CS-26



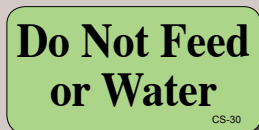
↑ CS-27



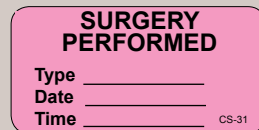
↑ CS-28



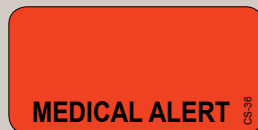
↑ CS-29



↑ CS-30



↑ CS-31



↑ CS-36



↑ CS-37



↑ CS-39

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"

1 3/4" x 7/8"

| 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 | \$5.50ea |



↑ CS-40



↑ CS-41



↑ CS-42



↑ CS-43



↑ CS-44



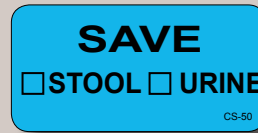
↑ CS-45



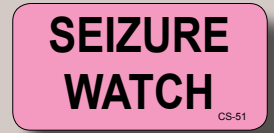
↑ CS-48



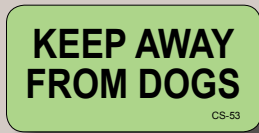
↑ CS-49



↑ CS-50



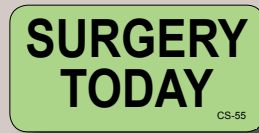
↑ CS-51



↑ CS-53



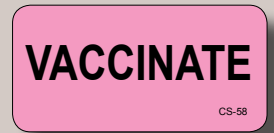
↑ CS-54



↑ CS-55



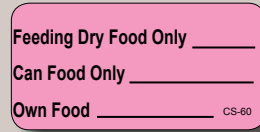
↑ CS-56



↑ CS-58



↑ CS-59



↑ CS-60



↑ CS-62



↑ CS-63



↑ CS-65



↑ CS-66



↑ CS-67



↑ CS-69



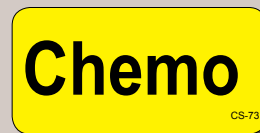
↑ CS-70



↑ CS-71



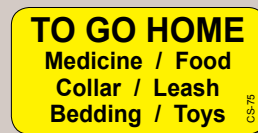
↑ CS-72



↑ CS-73



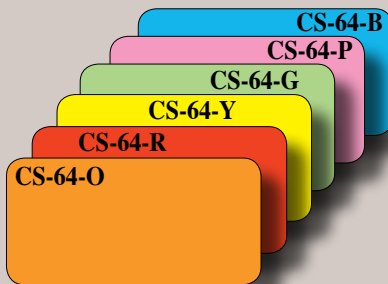
↑ CS-74



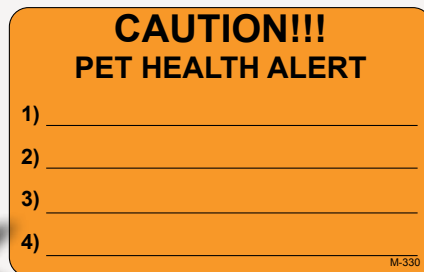
↑ CS-75



↑ CS-76



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



↑ M-330 (2³/₄" x 1³/₄")



↑ CS-100 (2³/₄" x 1³/₄")

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

Find additional drug labels online!

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™

(milbemycin oxime + lufenuron)

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™
(milbemycin oxime + lufenuron)

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™
(milbemycin oxime + lufenuron)

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

H-930

FRONTLINE PLUS



WOOLDRIDGE CREEK ANIMAL HOSPITAL
5650 Wooldridge 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 Wooldridge 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

Instructions

Steps:

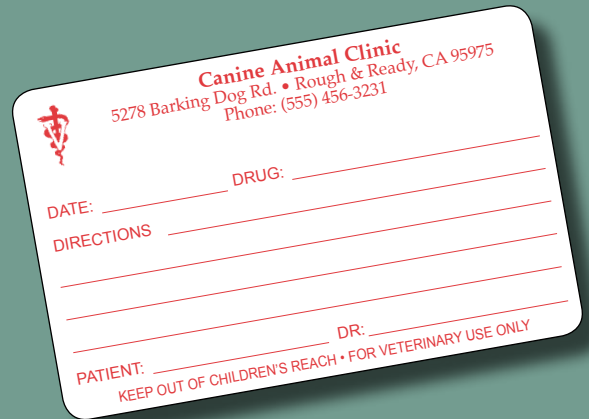
1. Choose a size & shape from page 20 or 21.
2. Decide on an ink color: red, blue or black.
3. Choose from our pre-made directions below, make any edits to these you'd like...or create your own!
4. Pick out a typestyle & stock logo from the order form on page 23...or send us your custom logo!
5. The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

#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

#21

(patient) _____ (date) _____
DIRECTIONS: _____

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

#417

(patient) _____ (date) _____
Rx _____

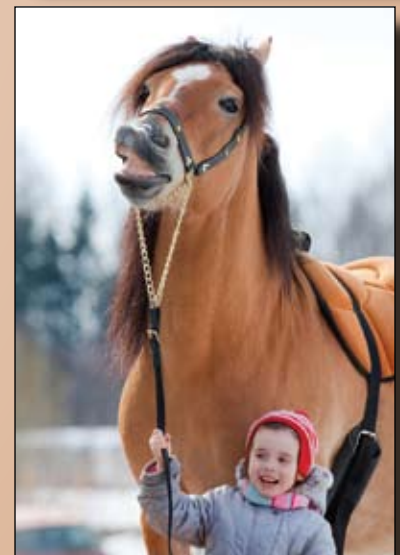
CAUTION: Federal Law restricts this drug to use by or
on the order of a licensed veterinarian.
KEEP OUT OF CHILDREN'S REACH • FOR VETERINARY USE ONLY

#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 | | |





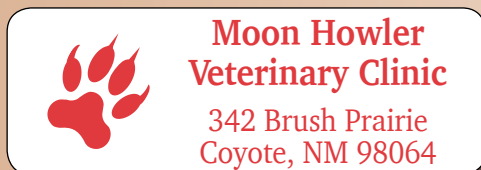
**If you can imagine it,
we can create it -
lab results ~ address labels
product labels...**



R-6 (2" x 1½")



R-5 (3" x 1") "VCA Home"



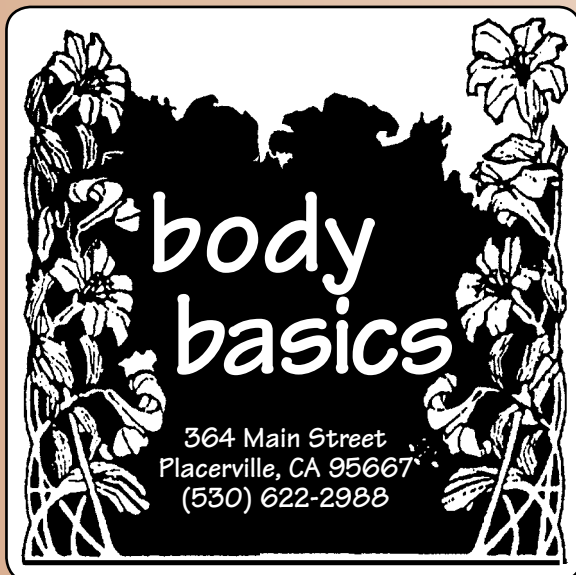
R-3 (2½" x 7/8")



O-3 (1½" x 1")



R-10 (3" x 2")



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/ GOGGLES | 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

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)

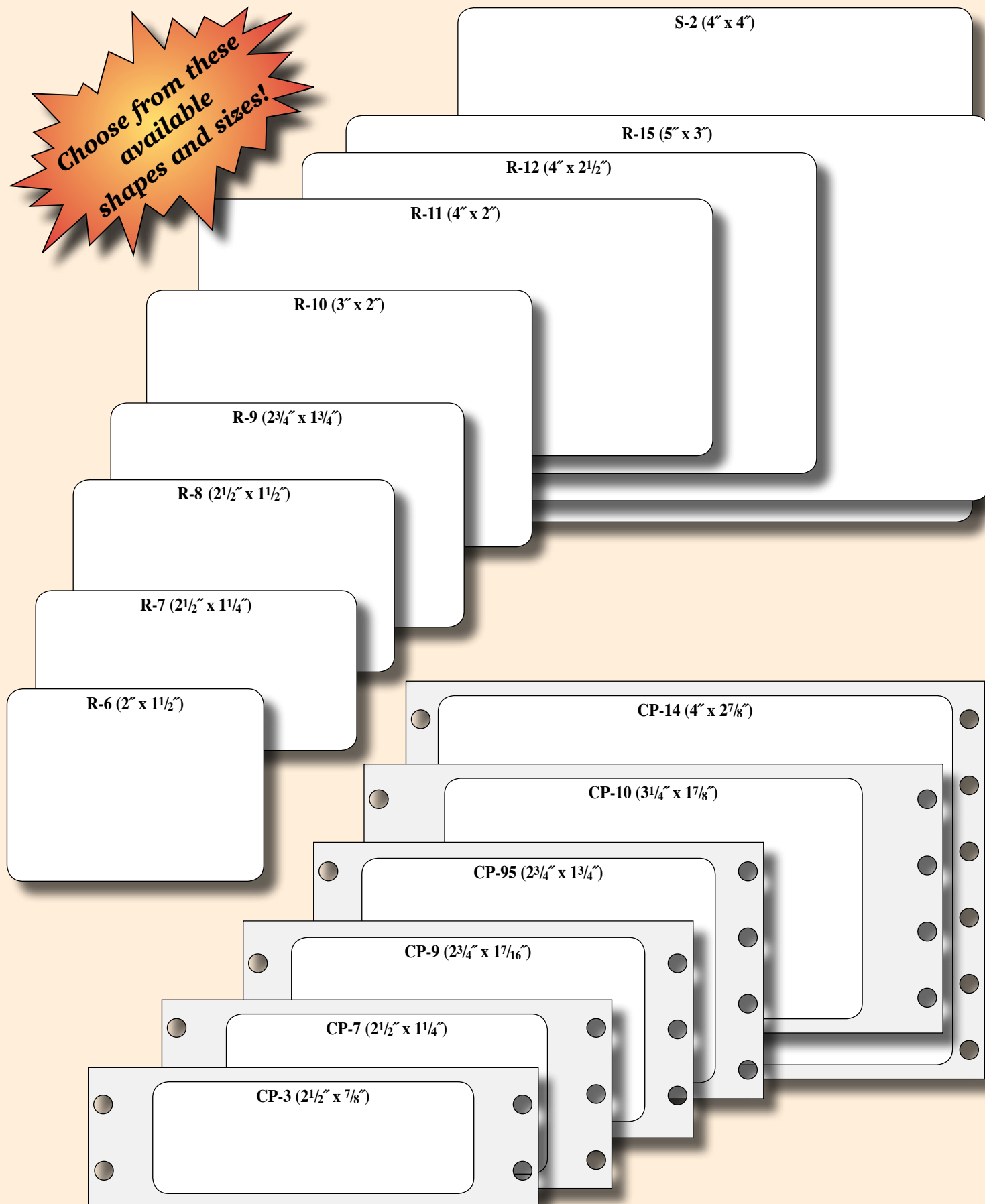
KEEP OUT OF CHILDREN'S REACH • FOR VETERINARY USE ONLY

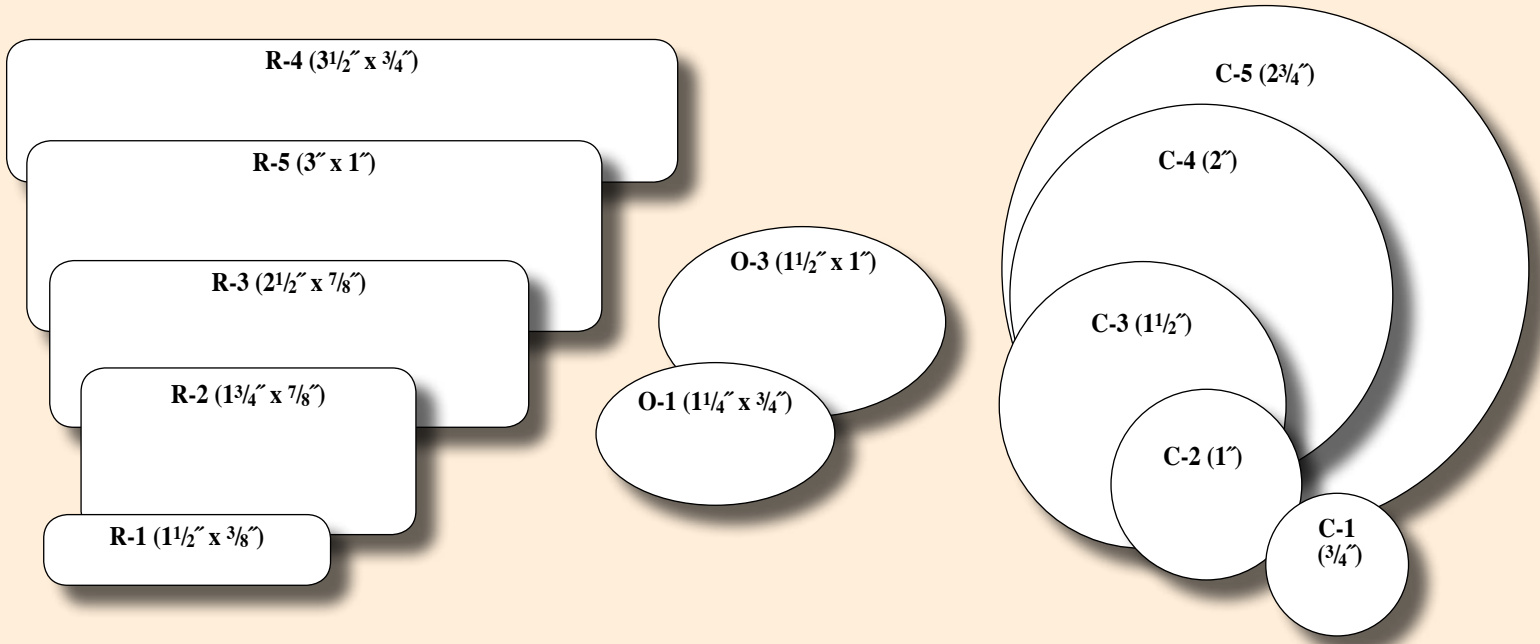
CP-95 / Blank Labels
 (50% off Custom Price)

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

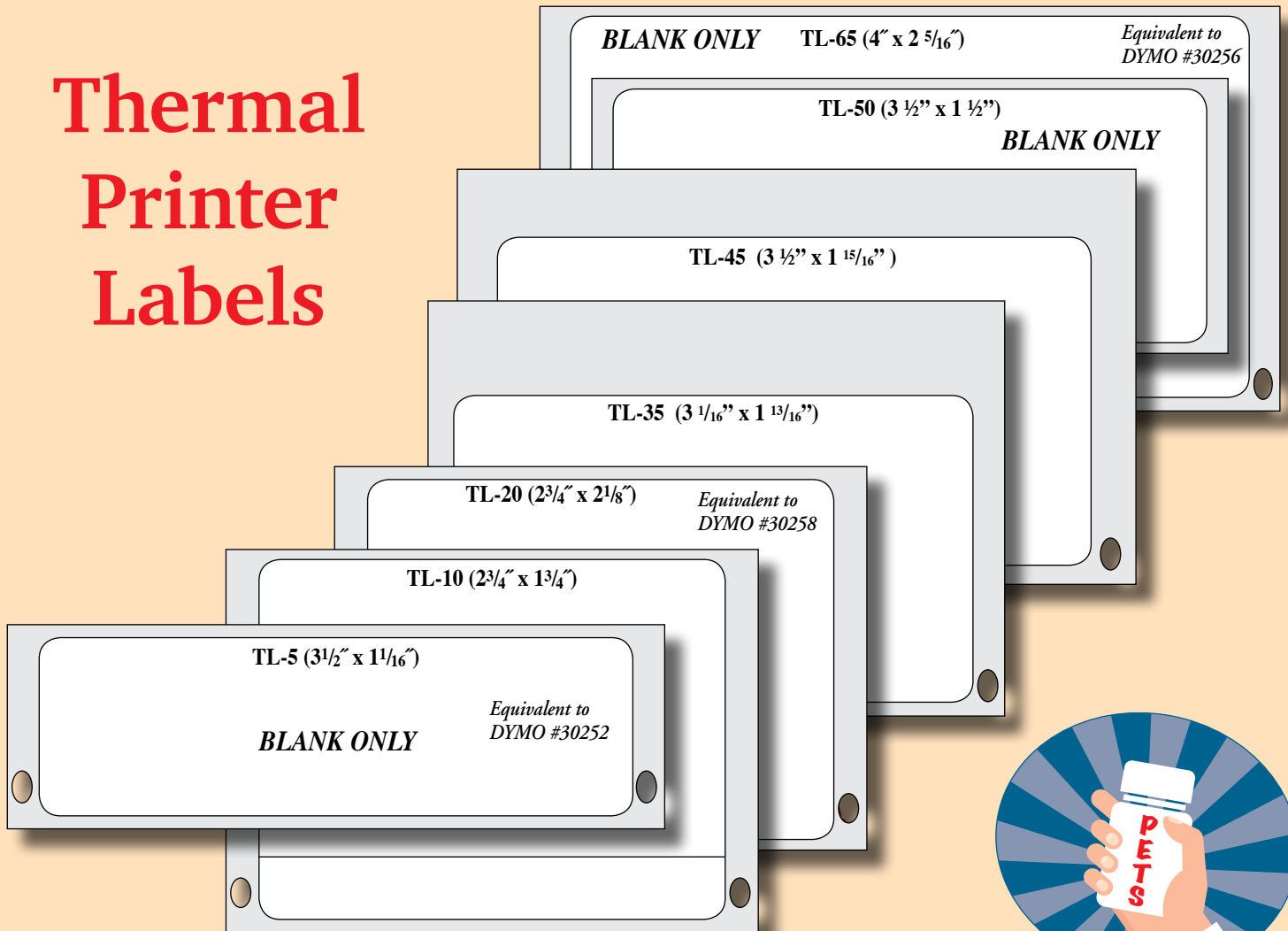
KEEP OUT OF CHILDREN'S REACH • FOR VETERINARY USE ONLY

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





Thermal Printer Labels



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 business days, new custom orders 15 business 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 | 1½" x ⅜" | \$33.00 | \$30.00/k = \$90.00 | \$26.00/k = \$130.00 | \$20.00/k = \$200.00 | \$12.00 | \$27.00 | |
| R-2 | 1¾" x ⅞" | \$39.00 | \$35.00/k = \$105.00 | \$30.00/k = \$150.00 | \$24.00/k = \$240.00 | \$12.00 | \$27.00 | |
| R-3 | 2½" x ⅞" | \$43.00 | \$38.00/k = \$114.00 | \$33.00/k = \$165.00 | \$24.00/k = \$240.00 | \$12.00 | \$27.00 | |
| R-4 | 3½" x ¾" | \$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 1½" | \$49.00 | \$44.00/k = \$132.00 | \$38.00/k = \$190.00 | \$30.00/k = \$300.00 | \$12.00 | \$27.00 | |
| R-7 | 2½" x 1¼" | \$49.00 | \$44.00/k = \$132.00 | \$38.00/k = \$190.00 | \$30.00/k = \$300.00 | \$12.00 | \$27.00 | |
| R-8 | 2½" x 1½" | \$53.00 | \$48.00/k = \$144.00 | \$41.00/k = \$205.00 | \$33.00/k = \$330.00 | \$17.00 | \$32.00 | |
| R-9 | 2¾" x 1¾" | \$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 2½" | \$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 | 1¼" x ¾" | \$33.00 | \$30.00/k = \$90.00 | \$26.00/k = \$130.00 | \$20.00/k = \$200.00 | \$12.00 | \$27.00 | |
| O-3 | 1½" 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 | ¾" | \$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 | 1½" | \$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 | 2¾" | \$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 | 2½" x ⅞" | 3½" * | \$48.00 | \$43.00/k = \$129.00 | \$39.00/k = \$195.00 | \$35.00/k = \$350.00 | \$12.00 | \$27.00 |
| CP-7 | 2½" x 1¼" | 3½" * | \$55.00 | \$50.00/k = \$150.00 | \$45.00/k = \$225.00 | \$40.00/k = \$400.00 | \$12.00 | \$27.00 |
| CP-9 | 2¾" x 1⅞" | 3½" * | \$64.00 | \$57.00/k = \$171.00 | \$51.00/k = \$255.00 | \$46.00/k = \$460.00 | \$17.00 | \$32.00 |
| CP-95 | 2¾" x 1¾" | 3½" * | \$67.00 | \$61.00/k = \$183.00 | \$55.00/k = \$275.00 | \$50.00/k = \$500.00 | \$17.00 | \$32.00 |
| CP-10 | 3¼" x 1⅞" | 4½" * | \$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 2⅞" | 4½" * | \$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

LOGOSMy 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 FORMFax Orders
530-626-1808Order 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 \$250 or over (USPS or 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 \$250 or over (USPS or UPS ground, 48 contiguous states only). For orders under \$250 please call for 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

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

**US Postal Service
delivery
now available!**

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 U.S. Postal Service 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.