



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

OWN FOOD

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

Best Sellers!

CAUTION

Heartworm
+ -
Date: LR-302E

HYDROMORPHONE
mg

HEPARINIZED SALINE
SY-14

Give with Food
Dosage Line CLEAR SY-5

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

PRODUCT: _____

HAZARD

IGNITABLE	TOXIC	REACTIVE	CORROSIVE	IRRITANT	CARCINOGEN
-----------	-------	----------	-----------	----------	------------

PROTECTIVE EQUIPMENT

GLOVES	FACE SHIELD/ GOGGLES	APRON	BOOTS	RESPIRATOR	TARGET ORGAN:
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MANUFACTURER: _____ M-134

CONSULT MSDS FOR INFORMATION

SURGERY
DO NOT FEED
OR WATER TODAY

MIDAZOLAM
mg SY-20

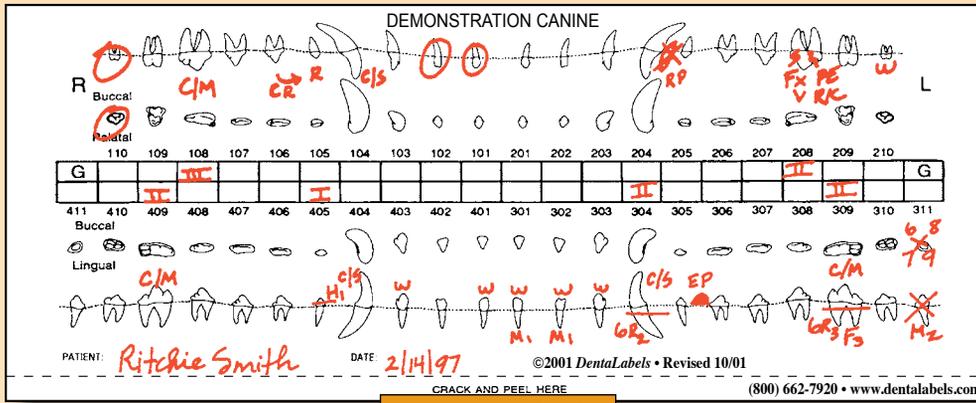


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Dental Record Labels

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)	\$24.25 (includes code key & demo chart)		
Canine Dental Chart Refills (50/pk)	\$22.50	\$22.00/pk	\$21.50/pk
Feline Dental Chart Refills (50/pk)	\$22.50	\$22.00/pk	\$21.50/pk
Extra Code Key or Extra Demonstration Chart			\$3.75 each

You may combine canine & feline for price break.

KEY: 0 = DISPLACED TOOTH * = CARIES, INJURY, FX
X = MISSING TOOTH ☒ = EXTRACTED

MAXILLA

MANDIBLE

CANINE DENTAL FELINE DENTAL

LR-43C

Form fields for: a, b, c, d; Gingiva; Occlusion; Salivation; Halitosis (Y/N); Periodontal Disease; Other.

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	\$37.00	\$33.00	\$30.00/ea	\$27.50/ea	\$24.75/ea
"C" Series	\$55.50	\$50.25/ea	\$44.75/ea	\$41.00/ea	\$37.50/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")

Urobil _____ Protein _____ pH _____

Blood _____ Ketones _____ Bili _____

Glucose _____ Sp. Gr. _____ Color _____

Micro _____

LR-34G

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

Rolls of 500

Label Size	1 Roll	3 Rolls	5 Rolls
"B" Series	\$37.00	\$33.00/ea	\$30.00/ea
"C" Series	\$25.25	\$22.75/ea	\$20.50/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: _____

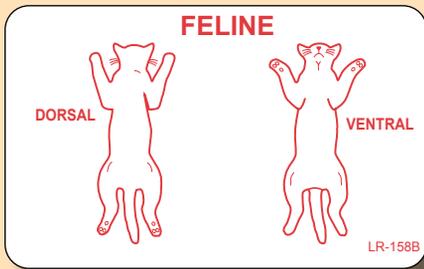
Cast: _____ Epithelium: _____

WBC: _____ RBC: _____

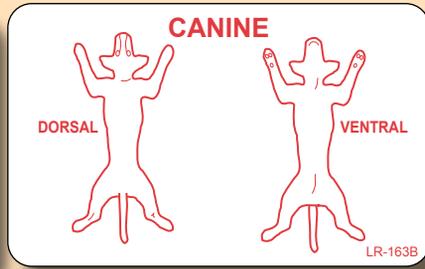
Bacteria: _____ Crystals: _____

Interpretation: _____

LR-2B



↑ LR-158B (3" x 2")



↑ LR-163B (3" x 2")

DERMATOLOGY	
LESIONS (circle):	Photos <input type="checkbox"/>
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

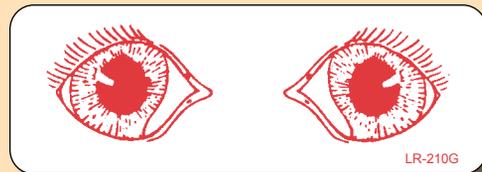
↑ LR-42C (4" x 2 1/2")

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

↑ LR-125C (4" x 2 1/2")

Leukocytes	Erythrocytes
WBC _____	RBC _____
N _____ %	Hb _____
L _____ %	PCV _____
M _____ %	MCV _____
E _____ %	MCH _____
B _____ %	MCHC _____
NRBC _____ %	RDW _____
	Retics _____
Thrombocytes	
Platelets _____	
MPV _____	

↑ LR-144B (3" x 2")



↑ LR-210G (2 1/2" x 7/8")

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

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 (3" x 2")

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")

*Create
your own
custom design!*

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 R
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
 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")

PHYSICAL EXAM CHECKLIST

1) BEHAVIORAL () 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")

SURGICAL SUMMARY
 Immun: Y N Lab: Y N X-rays: Y N
 Pre-Anest: _____
 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	\$49.50	\$44.75/ea	\$40.00/ea	\$36.25/ea	\$33.50/ea
"B" Series	\$37.00	\$33.00/ea	\$30.00/ea	\$27.50/ea	\$24.75/ea
"C" Series	\$55.50	\$50.25/ea	\$44.75/ea	\$41.00/ea	\$37.50/ea
"D" Series	\$31.25	\$28.75/ea	\$25.25/ea	\$22.75/ea	\$20.50/ea
"E" Series	\$20.50	\$17.00/ea	\$15.75/ea	\$14.00/ea	\$12.00/ea
"G" Series	\$25.25	\$22.75/ea	\$20.50/ea	\$18.50/ea	\$17.00/ea

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



SY-1



SY-2



SY-3



SY-4



SY-5



SY-6



SY-7



SY-8



SY-9



SY-10



SY-11



SY-12



SY-13



SY-14



SY-16



SY-17



SY-18R



SY-18B



SY-19



SY-20



SY-21



SY-22



SY-23



SY-24



SY-25



SY-26



SY-27



SY-28



SY-29



SY-30



SY-31



SY-32



SY-33



SY-34



SY-35



SY-36



SY-37



SY-38



SY-39



SY-40



SY-41

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
\$17.00/ea	\$15.25/ea	\$14.00/ea	\$12.00/ea	\$10.25/ea	\$9.50/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

Please call 72 Hrs ahead for Rx refill

↑ C-56

KEEP FROZEN

↑ C-57

FOR NAUSEA C-58

↑ C-58

CAUTION - Opioid Risk of addition and overdose

↑ C-59

Pills have been cut for your convenience

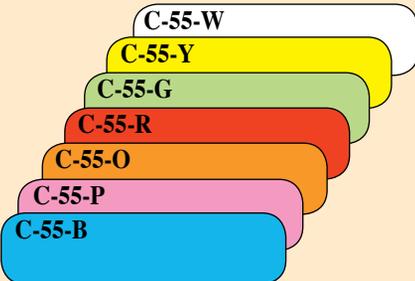
↑ C-60

DO NOT GIVE WITH DAIRY C-61

↑ C-61



↑ M-119



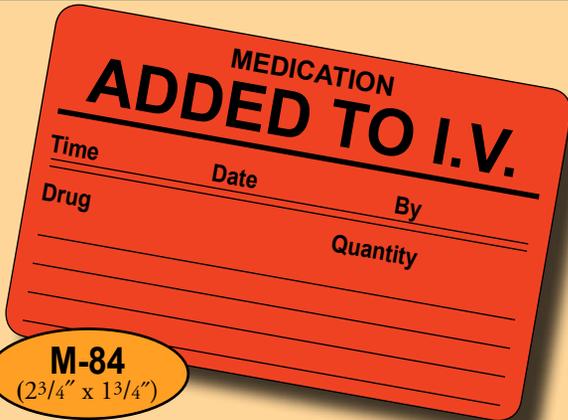
1 1/2" x 3/8"

500 per dispenser box

Mix & Match Syringe & Medication Instruction Labels					
1 box	3+ boxes	5+ boxes	10+ boxes	25+ boxes	50+ boxes
\$17.00/ea	\$15.25/ea	\$14.00/ea	\$12.00/ea	\$10.25/ea	\$9.50/ea

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

Added to I.V. Labels



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

Rolls of 500

1 roll	3+ rolls	5+ rolls	10+ rolls
\$34.75/ea	\$33.50/ea	\$30.00/ea	\$27.00/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
\$20.50/ea	\$17.00/ea	\$15.75/ea	\$14.00/ea	\$12.00/ea

Dispenser Box Organizer Tray

By customer request!

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



\$21 each

12 3/4" x 4 3/4"

CAUTION!!! PET HEALTH ALERT

- 1) _____
- 2) _____
- 3) _____
- 4) _____

M-330

↑ M-330 (2 3/4" x 1 3/4")

IDENTIFICATION LABEL

OWNER: _____
 BREED: _____ SEX: _____
 NAME: _____ AGE: _____
 DATE ADMITTED: _____
 REMARKS: _____

↑ CS-100 (2 3/4" x 1 3/4")

500 per roll

1 roll for \$34.75 • 3+ rolls for \$33.50/ea • 5+ rolls for \$30.00/ea



Custom Printing Plate Charges:
 \$20.00 (w/stock logo)
 \$40.00 (w/custom logo)

Rolls of 500							
Label Style	1 Roll	2 Rolls	6 Rolls	10 Rolls	20 Rolls	30 Rolls	50 Rolls
Custom*	N/A	N/A	\$57.50/roll	\$52.25/roll	\$48.00/roll	\$41.75/roll	\$39.00/roll
I-200/M-500/M-600/M-750	\$48.75	\$44.75/roll	\$40.50/roll	\$36.50/roll	\$33.75/roll	\$30.25/roll	\$28.00/roll
Blank	\$35.75	\$32.75/roll	\$29.75/roll	\$27.50/roll	\$24.75/roll	\$22.75/roll	\$21.00/roll

*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
\$19.75	\$19.00 per roll	\$18.50 per roll	\$18.00 per roll	\$16.50 per roll	\$14.75 per roll	\$13.75 per roll	\$12.25 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
\$35.75	\$32.75 per roll	\$29.75 per roll	\$27.50 per roll	\$24.75 per roll	\$22.75 per roll	\$21.00 per roll

Equivalent to DYMO #30256

For Your Impromed Software (Eltron Zebra Printer only)

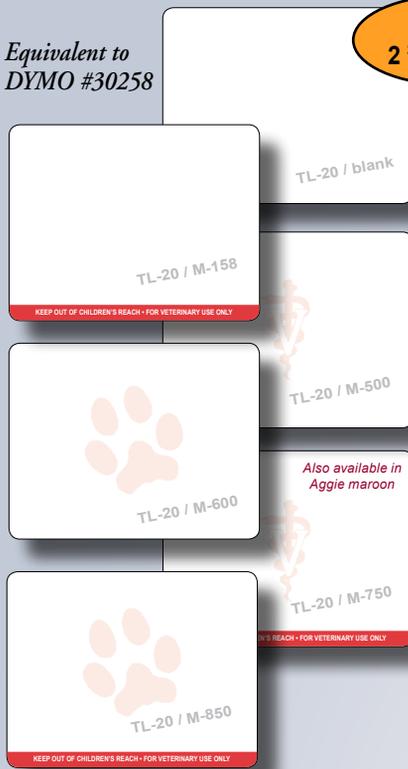


Custom Printing Plate Charges:
 \$20.00 (w/stock logo)
 \$40.00 (w/custom logo)

Rolls of 400							
Label Style	1 Roll	4 Rolls	8 Rolls	12 Rolls	24 Rolls	36 Rolls	60 Rolls
Custom*	N/A	N/A	\$57.50/roll	\$52.25/roll	\$48.00/roll	\$41.75/roll	\$39.00/roll
I-200/M-500/M-600/M-750	\$48.75	\$44.75/roll	\$40.50/roll	\$36.50/roll	\$33.75/roll	\$30.25/roll	\$28.00/roll
Blank	\$35.75	\$32.75/roll	\$29.75/roll	\$27.50/roll	\$24.75/roll	\$22.75/roll	\$21.00/roll

*one color - red, blue or black

Equivalent to
DYMO #30258



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

Compatible with
most software programs

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

Equivalent to
DYMO #30258



Actual
Size

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	\$64.00 per roll	\$57.50 per roll	\$52.25 per roll	\$48.00 per roll	\$41.75 per roll	\$39.00 per roll	\$35.75 per roll	\$32.25 per roll
TL-10 or TL-20	M-158, M-500, M-600, M-750, M-850	\$48.75	\$44.75 per roll	\$40.50 per roll	\$36.50 per roll	\$33.75 per roll	\$30.25 per roll	\$28.00 per roll	\$25.50 per roll	\$23.25 per roll
TL-10 or TL-20	Blank	\$35.75	\$32.75 per roll	\$29.75 per roll	\$27.50 per roll	\$24.75 per roll	\$22.75 per roll	\$21.00 per roll	\$19.00 per roll	\$17.75 per roll

Custom Printing Plate Charges: \$21.00 (Stock logo) \$42.00 (Custom logo)

*one color - red, blue or black

Equivalent to
DYMO #30252

TL-5
3 1/2" x 1 1/16"

Actual
Size

Rolls of 400

1 Roll	3 Rolls	5 Rolls	10 Rolls	20 Rolls	30 Rolls	60 Rolls	75 Rolls
\$22.00	\$19.75 per roll	\$18.50 per roll	\$17.00 per roll	\$15.25 per roll	\$14.00 per roll	\$12.75 per roll	\$11.75 per roll



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")	\$35.75	\$32.75/ea	\$30.25/ea	\$27.00/ea
LS-10 (3" x 2")	\$39.75	\$37.50/ea	\$32.25/ea	\$29.50/ea
LS-11 (4" x 2")	\$41.50	\$38.25/ea	\$35.75/ea	\$32.25/ea

Office Labels



↑ WCS-50 (1 3/4" x 7/8")



↑ O-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")

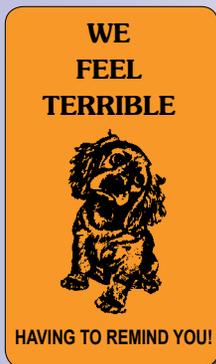


↑ YL-26-O (1 3/4" x 7/8")



↑ YL-27-O (1 3/4" x 7/8")

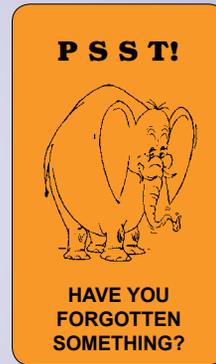
500 per dispenser box					
1 box	3+ boxes	5+ boxes	10+ boxes	25+ boxes	50+ boxes
\$20.50/ea	\$17.00/ea	\$15.75/ea	\$14.00/ea	\$12.00/ea	\$11.25/ea



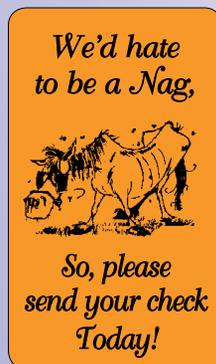
↑ ICS-2 (1 1/2" x 2 1/2")



↑ ICS-3 (1 1/2" x 2 1/2")



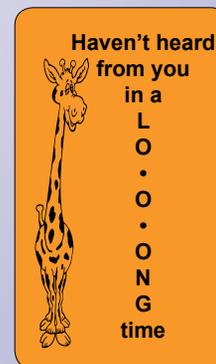
↑ ICS-5 (1 1/2" x 2 1/2")



↑ 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
\$8.25	\$7.25/ea	\$6.50/each
You can mix and match packages too!		

FIREFIGHTER "ALERT"

Rolls of 500



M-106 Classic Size - 4" x 27/8" Large Size - 7 1/8" x 4 1/2"

A great promotional tool that will be in service for years!

- Call for pricing -

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.



FREE! Special Marking Pen supplied with each order!

**Is Your Pet
Microchipped?**

Microchipping Saves Lives!

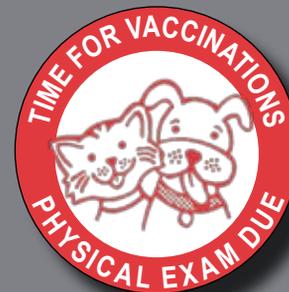
Ask a staff member
for more information

Rolls of 500

1 roll
\$34.75

3 rolls
\$33.50 ea

5 rolls
\$30.00 ea



Box of 500

1 box
\$23.50

3 boxes
\$20.25 ea

5 boxes
\$18.00 ea

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

M-3200 (1 1/2" diameter)

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 SERVICES

I 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 NO

To 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")

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	\$47.00	\$42.50/ea	\$38.00/ea
"C" Series	\$52.75	\$47.75/ea	\$42.50/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.

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

CRACK AND PEEL HERE

- Call for pricing -

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														

CRACK AND PEEL HERE

↑ **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		WED		THUR		FRI	
	AM	PM	AM	PM	AM	PM	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

- Call for pricing -

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



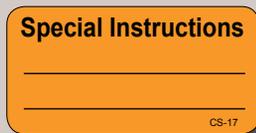
↑ CS-14



↑ CS-15



↑ CS-16



↑ CS-17



↑ CS-18



↑ CS-21



↑ CS-22



↑ CS-23



↑ CS-24



↑ CS-25



↑ CS-26



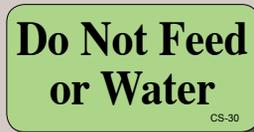
↑ CS-27



↑ 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.



\$21 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
\$20.50/ea	\$17.00/ea	\$15.75/ea	\$14.00/ea	\$12.00/ea	\$11.25/ea

1 3/4" x 7/8"



↑ CS-40



↑ CS-41



↑ CS-42



↑ CS-43



↑ CS-44



↑ CS-45



↑ CS-48



↑ CS-49



↑ CS-50



↑ CS-51



↑ CS-53



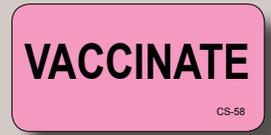
↑ CS-54



↑ CS-55



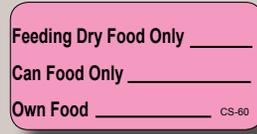
↑ CS-56



↑ CS-58



↑ CS-59



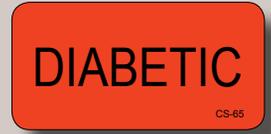
↑ CS-60



↑ CS-62



↑ CS-63



↑ CS-65



↑ CS-66



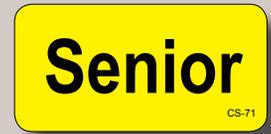
↑ CS-67



↑ CS-69



↑ CS-70



↑ CS-71



↑ CS-72



↑ CS-73



↑ CS-74



↑ CS-75



↑ CS-76



↑ CS-78



↑ CS-79



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

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

Custom Labels for Heartworm, Flea & Tick

BRAVECTO®

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.

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

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

Comfortis™

(spinosad)

NexGard™

(afoxolaner) Chewables

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

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

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)

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.

Trifexis™
(spinosad+milbemycin oxime)

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

Annual bloodtest for heartworm required.

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

H-2103

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

advantage®

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

FT-211

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



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

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

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.

IVERHART™ 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-2023

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

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

Vectra 3D®

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

FT-313

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.

IVERHART™ MAX
(ivermectin/pyrantel/pamoate/graziquantel)

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

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

Instructions

Steps:

1. Choose a size & shape from page 19 or 20.
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. The cost for each corresponding label size is on page 21

Example:

Size: R-9
 Shape: Rectangle
 Color: Red
 Directions: #19
 Logo: #002

Pricing:

R-9: \$110.00 per roll of 1000
 One-time plate charge: \$30
 Stock Logo: no charge
 Subtotal: \$140.00



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

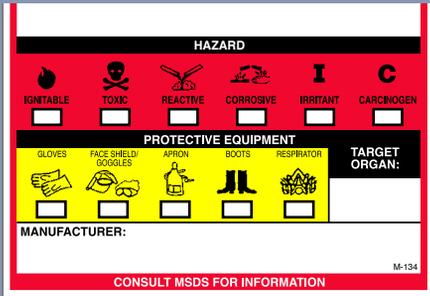
#419

(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...**

Secondary Container Labels



M-134
PACKS OF 30 OR 100
 Single cut labels in a zip lock bag, includes pen
 \$39.00 / pack of 30
 \$90.50 / pack of 100

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

Laminating Labels Included

Generic Stock Rx Labels

#414 Generic

This space left blank for your stamp or return address labels

(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
\$34.50/roll
- 6-9 rolls
\$32.25/roll
- 10+ rolls
\$27.50/roll

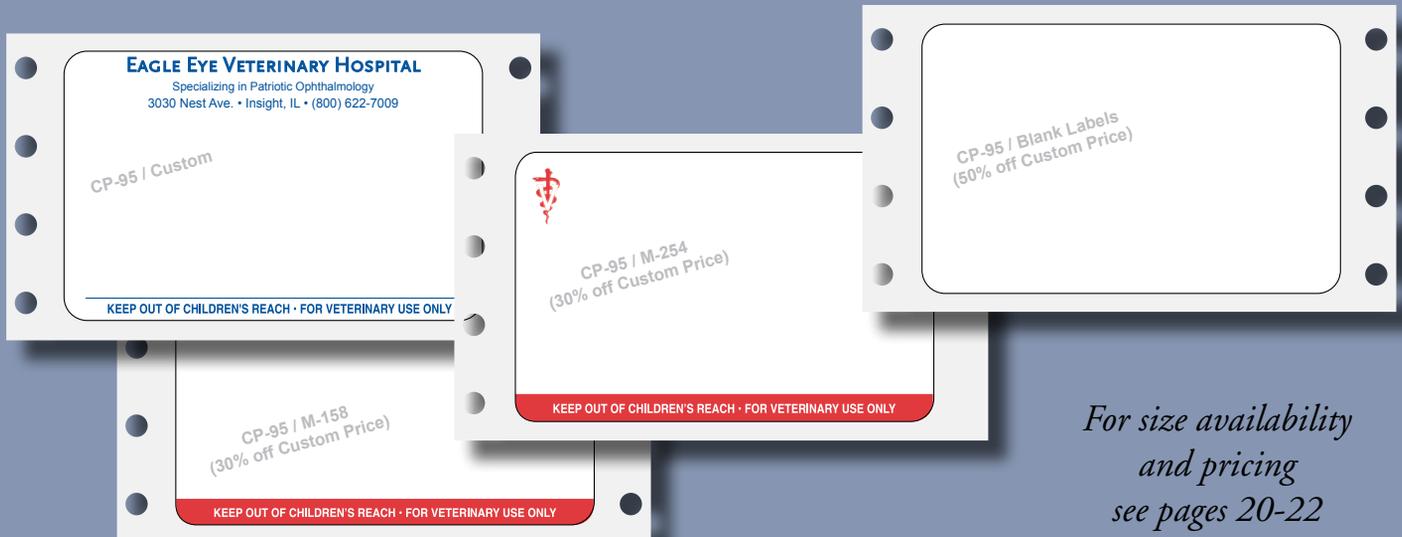
#419 Generic

This space left blank for your stamp or return address labels

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

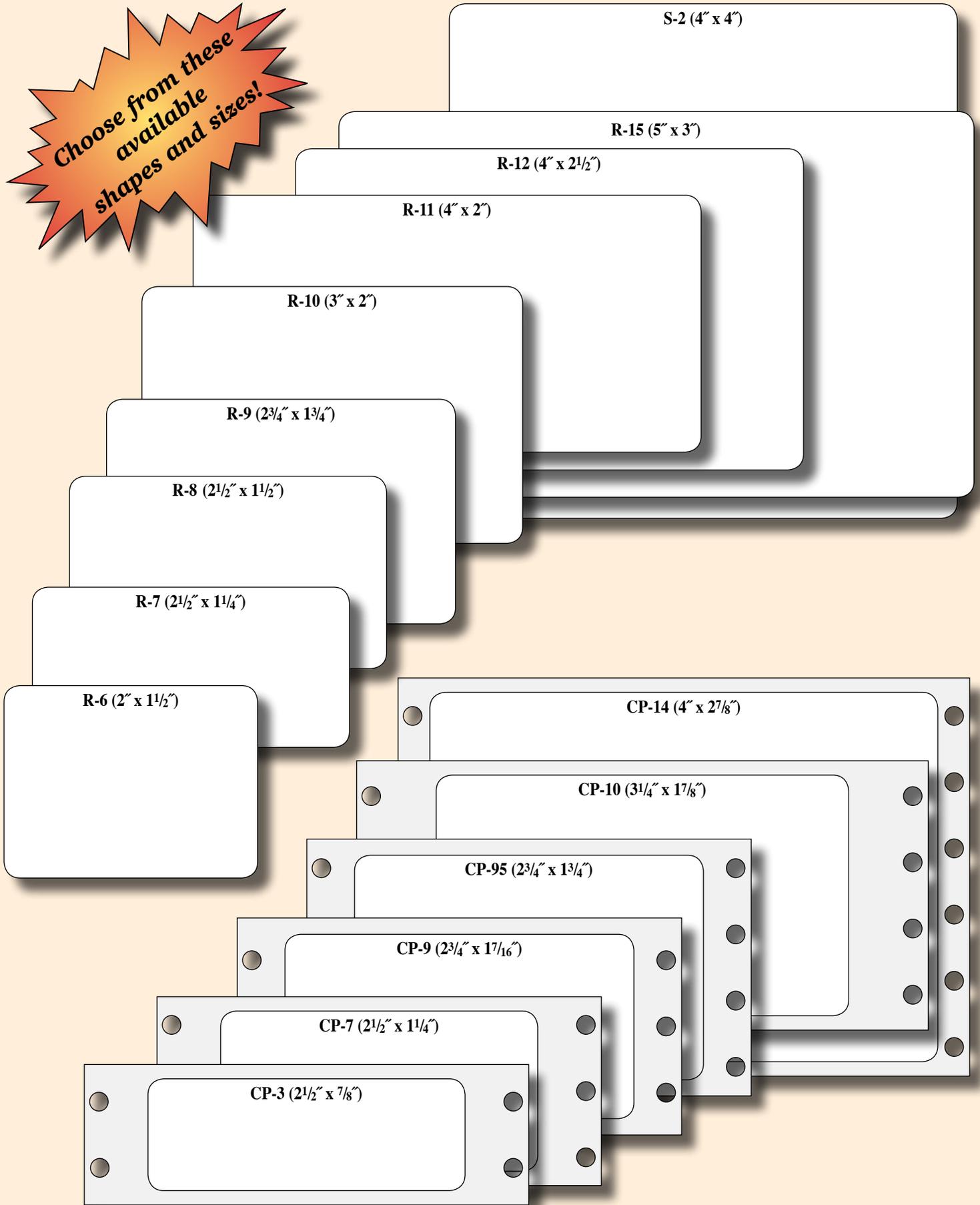
Use: _____
 KEEP OUT OF CHILDREN'S REACH • FOR VETERINARY USE ONLY

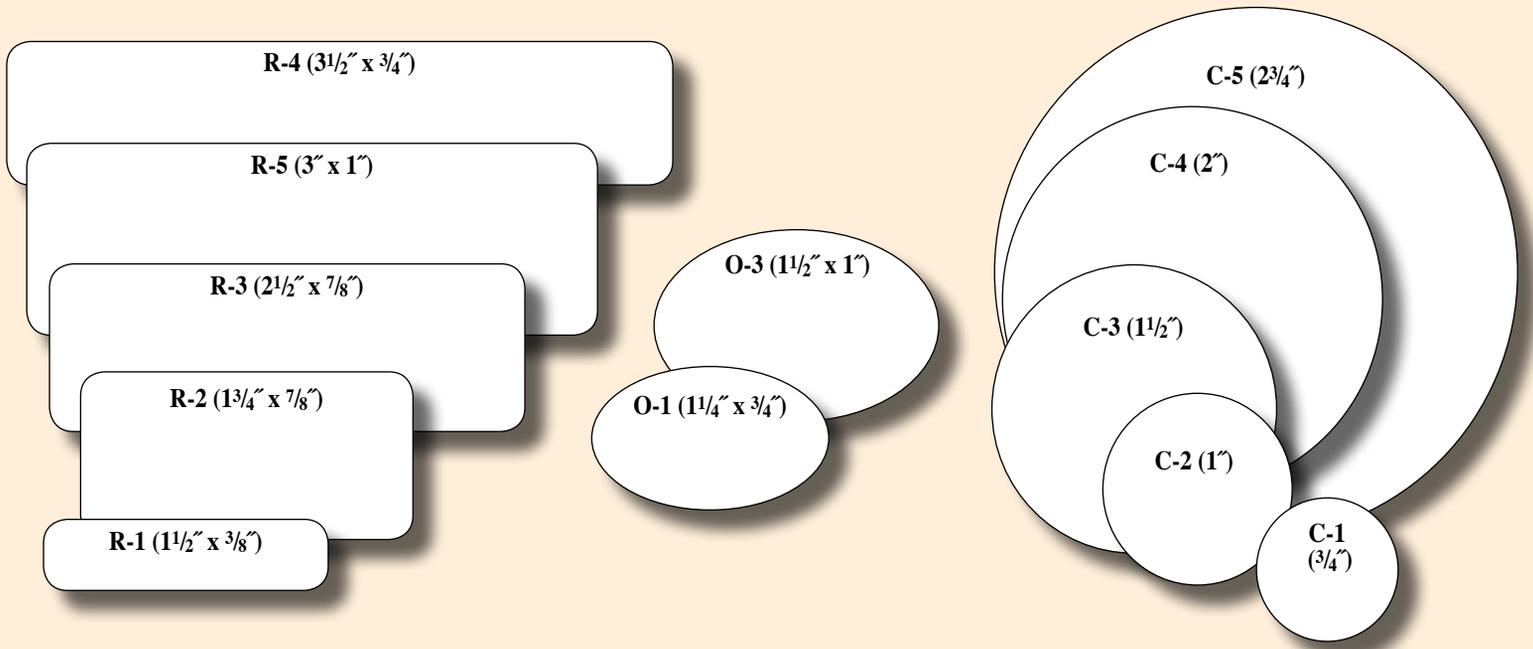
Pin Feed Rx Labels



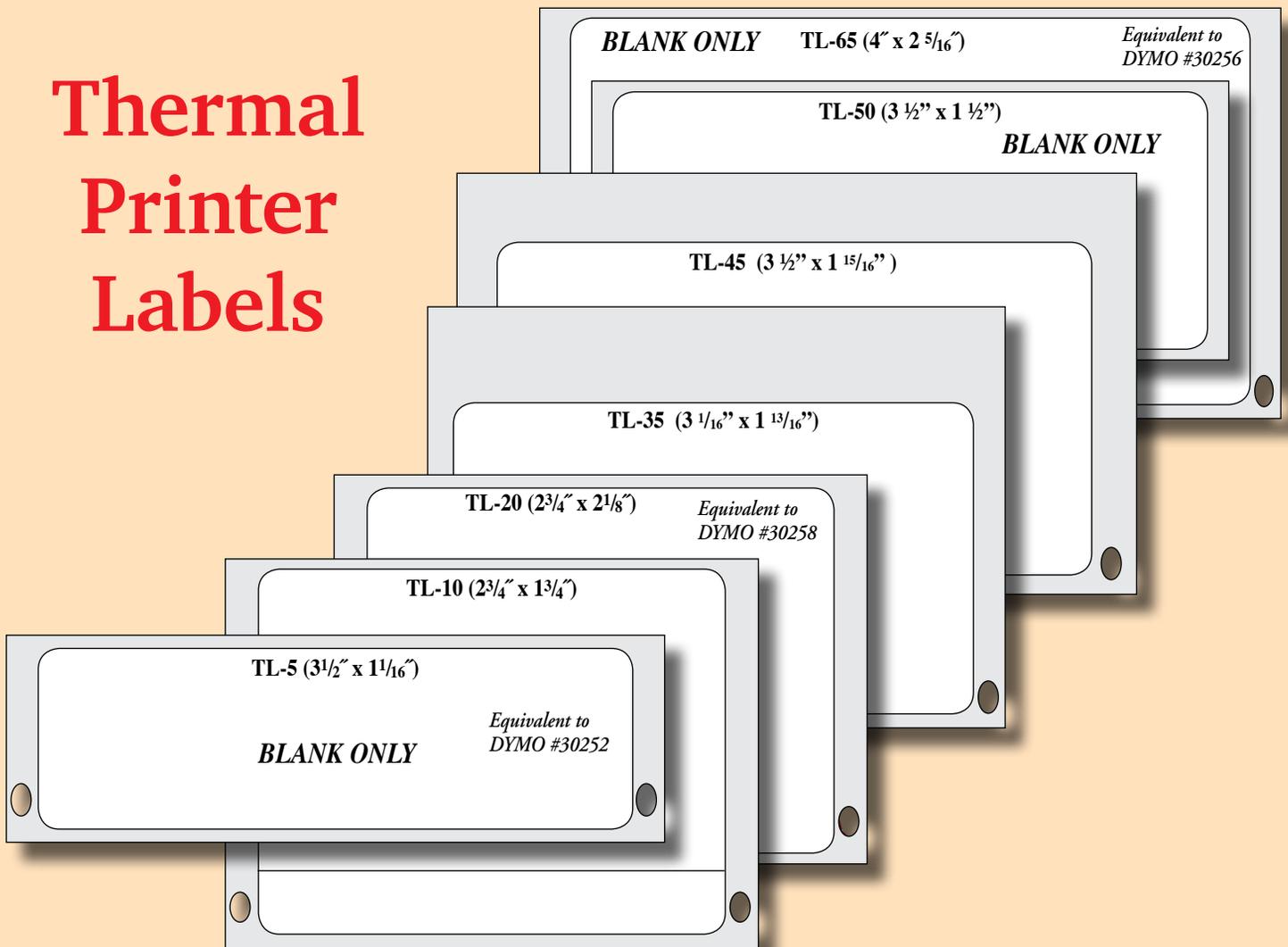
For size availability and pricing see pages 20-22

Choose from these available shapes and sizes!





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 \$15.00 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.

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"	\$64.00	\$61.00/k = \$183.00	\$48.00/k = \$240.00	\$40.00/k = \$400.00	\$24.00	\$47.00	
R-2	1 3/4" x 7/8"	\$75.00	\$67.00/k = \$201.00	\$61.00/k = \$305.00	\$46.00/k = \$460.00	\$24.00	\$47.00	
R-3	2 1/2" x 7/8"	\$85.00	\$74.00/k = \$222.00	\$64.00/k = \$320.00	\$46.00/k = \$460.00	\$24.00	\$47.00	
R-4	3 1/2" x 3/4"	\$89.00	\$83.00/k = \$249.00	\$70.00/k = \$350.00	\$56.00/k = \$560.00	\$24.00	\$47.00	
R-5	3" x 1"	\$98.00	\$86.00/k = \$258.00	\$74.00/k = \$370.00	\$59.00/k = \$590.00	\$24.00	\$47.00	
R-6	2" x 1 1/2"	\$95.00	\$86.00/k = \$258.00	\$74.00/k = \$370.00	\$59.00/k = \$590.00	\$24.00	\$47.00	
R-7	2 1/2" x 1 1/4"	\$95.00	\$86.00/k = \$258.00	\$74.00/k = \$370.00	\$59.00/k = \$590.00	\$24.00	\$47.00	
R-8	2 1/2" x 1 1/2"	\$104.00	\$91.00/k = \$273.00	\$82.00/k = \$410.00	\$64.00/k = \$640.00	\$29.00	\$57.00	
R-9	2 3/4" x 1 3/4"	\$110.00	\$103.00/k = \$309.00	\$86.00/k = \$430.00	\$67.00/k = \$670.00	\$30.00	\$57.00	
R-10	3" x 2"	\$126.00	\$112.00/k = \$336.00	\$95.00/k = \$475.00	\$75.00/k = \$750.00	\$30.00	\$57.00	
R-11	4" x 2"	\$139.00	\$126.00/k = \$378.00	\$105.00/k = \$525.00	\$85.00/k = \$850.00	\$40.00	\$64.00	
R-12	4" x 2 1/2"	\$160.00	\$143.00/k = \$429.00	\$121.00/k = \$605.00	\$95.00/k = \$950.00	\$40.00	\$64.00	
R-15	5" x 3"	\$196.00	\$178.00/k = \$534.00	\$150.00/k = \$750.00	\$120.00/k = \$1200.00	\$47.00	\$74.00	
SQUARES								
S-2	4" x 4"	\$201.00	\$183.00/k = \$549.00	\$163.00/k = \$815.00	\$139.00/k = \$1390.00	\$47.00	\$74.00	
OVALS								
O-1	1 1/4" x 3/4"	\$64.00	\$61.00/k = \$183.00	\$48.00/k = \$240.00	\$40.00/k = \$400.00	\$24.00	\$47.00	
O-3	1 1/2" x 1"	\$75.00	\$67.00/k = \$201.00	\$50.00/k = \$250.00	\$47.00/k = \$470.00	\$24.00	\$47.00	
CIRCLE								
C-1	3/4"	\$64.00	\$61.00/k = \$183.00	\$48.00/k = \$240.00	\$40.00/k = \$400.00	\$24.00	\$47.00	
C-2	1"	\$75.00	\$67.00/k = \$201.00	\$61.00/k = \$305.00	\$47.00/k = \$470.00	\$24.00	\$47.00	
C-3	1 1/2"	\$95.00	\$86.00/k = \$258.00	\$74.00/k = \$370.00	\$59.00/k = \$590.00	\$24.00	\$47.00	
C-4	2"	\$104.00	\$91.00/k = \$273.00	\$82.00/k = \$410.00	\$64.00/k = \$640.00	\$30.00	\$57.00	
C-5	2 3/4"	\$110.00	\$103.00/k = \$309.00	\$86.00/k = \$430.00	\$67.00/k = \$670.00	\$30.00	\$57.00	
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" *	\$91.00	\$85.00/k = \$255.00	\$75.00/k = \$375.00	\$67.00/k = \$670.00	\$24.00	\$47.00
CP-7	2 1/2" x 1 1/4"	3 1/2" *	\$107.00	\$98.00/k = \$294.00	\$87.00/k = \$435.00	\$80.00/k = \$800.00	\$24.00	\$47.00
CP-9	2 3/4" x 1 7/16"	3 1/2" *	\$126.00	\$110.00/k = \$330.00	\$95.00/k = \$475.00	\$89.00/k = \$890.00	\$30.00	\$57.00
CP-95	2 3/4" x 1 3/4"	3 1/2" *	\$130.00	\$120.00/k = \$360.00	\$107.00/k = \$535.00	\$99.00/k = \$990.00	\$30.00	\$57.00
CP-10	3 1/4" x 1 7/8"	4 1/2" *	\$143.00	\$128.00/k = \$384.00	\$114.00/k = \$570.00	\$104.00/k = \$1040.00	\$30.00	\$57.00
CP-14	4" x 2 7/8"	4 1/2" *	\$188.00	\$169.00/k = \$507.00	\$151.00/k = \$755.00	\$129.00/k = \$1290.00	\$40.00	\$64.00

*Need extra backing paper width on your Computer Label? Add \$3.50 per inch, per thousand. For blank labels, deduct 50% off price list.

PERFORATED BETWEEN LABELS: \$12.00 per thousand. CUT INTO SINGLES AND STACKED IN BOX: \$12.00 per thousand.

THERMAL PRINTER LABELS

SEE PAGES 8 & 9 FOR SIZES AND PRICING