

Order Form (Page 1 of 3)

Pet Med Order Form Instructions

Thank you for ordering with GetCanadianDrugs.com. We value your business.

To complete your order, simply follow 5 easy steps ensuring that all required fields are completed in full.

Step 1 - Pet Owner's Contact Information

This information is used to create a customized account for you. We adhere to strict privacy standards to assure that your personal information will not be distributed to any third parties and will remain confidential.

Step 2 - Order Details

Please ensure that you have indicated the medication, strength, quantity and price of the medication you are purchasing. As well, please indicate whether your pet has taken this medication before.

Step 3 - Payment Information

Please choose a payment option. We accept Visa, MasterCard or you can choose to pay with a personal check.

Step 4 - Pet Medical Information

This information is required to process any prescription medication order. The information you provide is strictly confidential and is used solely by our veterinarians and pharmacists for patient care purposes only. Customers ordering non-prescription (OTC) items only or returning customers who do not have updates to their pet's health status can skip this step.

Step 5 - Customer Agreement and Submitting Order

Once you have reviewed, signed and dated the acknowledgement of the customer agreement, you may submit your order form and any required documents (e.g. Rx, Check) by:

1. Toll Free Fax: 1-877-530-0700
2. Email: CustomerService@GetCanadianDrugs.com
3. Mail to: GetCanadianDrugs.com
Unit #103 20560 56th Avenue
Langley, British Columbia, V3A 3Y8
Canada

We also offer convenient online ordering and our call center is open 7 days a week should you wish to place your order over the phone by calling toll-free 1-877-530-0799.

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*** Denotes required field**

Please note: If ordering for more than one pet, a separate set of forms must be completed for each pet.

Step 1 - Pet Owner's Contact Information

*Are you a: Returning Customer New Customer

* First Name	* Last Name	* Email Address	* Primary Phone #	Alternate Phone #
* Shipping Address	* City	* State	* Zip Code	* Country
Billing Address (if different)	City	State	Zip Code	Country

Step 2 - Order Details Please list all prescription and non-prescription medications you are ordering

* Medication	* Strength	* Quantity	* New Medication (Y/N)	* Price

* Subtotal :	
Shipping :	\$ 9.99
* Total :	

Prescription Requirements:

Rx(s) required for all customers ordering prescription items, unless refills on file.

\$9.99 Flat Rate Shipping: Approximate delivery time is 8 to 18 business days from shipping date.

Step 3 - Payment Information

<input type="checkbox"/> Visa	* Credit Card Number	* Expiry Date (MM/YY)
	* CVV2 Code	* Cardholder Name
<input type="checkbox"/> MasterCard	* Cardholder's Signature	* Date Signed (MM/DD/YY)
<i>The CVV2 code is the last 3 digits printed on the signature strip on the back of your card.</i>		
<input type="checkbox"/> Personal Check	Payable to : GetCanadianDrugs.com Personal Checks may be faxed, emailed or mailed.	

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* Denotes required field

Step 4 - Pet Medical Questionnaire

(New customers must complete. Returning customer complete only if there are updates.)

You may skip this step if you are ordering non-prescription items only or if you are a returning customer with no updates to your pet's health status.

* Pet's Name :	* Pet's Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female	* Pet's Date of Birth (MM/DD/YY) ____/____/____	* Pet's Height : ____ft____in	* Pet's Weight : ____lbs
Pet Species :	Pet Breed :	* Pet Owner's Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female	* Pet Owner's Date of Birth (MM/DD/YY) ____/____/____	
* Does your pet have any known food, drug or other allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate:				
Drugs		Allergic Reaction		

Please list all prescription and non-prescription medications your pet is currently taking:

* Medication	* Date Started

Prescribing Veterinarian's Information:

* First Name	* Last Name	* Phone Number	Fax Number	
Address	City	Province	Zip Code	Country

Step 5 - Customer Agreement

*I, _____, have read, acknowledged and agree to the GetCanadianDrugs.com Customer Agreement & Terms of Sale and Conditions (made available online at www.GetCanadianDrugs.com).

* Customer Name (please print) : _____
* Customer Signature : _____
* City/Town where signed : _____
* Date : _____

Submit Order Forms And Any Required Documents By:

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Langley, British Columbia, V3A 3Y8, Canada