

ZOETIS PETCARE REWARDS

RECEIPT SUBMISSION FORM

Please complete this form and submit it with a proof of purchase via mail or fax. **Attn: Zoetis Petcare Rewards, 10 Sylvan Way, Parsippany, New Jersey 07054 | f: 862-703-3821**

GENERAL INFORMATION

YOUR NAME: _____ PURCHASE DATE: ____ / ____ / ____

EMAIL ADDRESS: _____ PHONE NUMBER: _____

VETERINARY PRACTICE:* _____ ZIP CODE: _____



PET NAME: _____

DOSAGE: 5mg 10mg 20mg

40mg 80mg 120mg

PACK SIZE: 3 Doses 6 Doses 9 Doses 12 Doses

No. OF PACKS: 1 2 3 4 5 6 AMOUNT PAID: _____
(circle one)



PET NAME: _____

No. OF INJECTIONS: 1st Injection 2nd Injection AMOUNT PAID: _____



PET NAME: _____

DOG WEIGHT: <5lbs 5-10lbs 11-20lbs

20-40lbs 41-85lbs 86-130lbs

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

PACK SIZE: 3 Doses 6 Doses 9 Doses 12 Doses

QUANTITY: 1 2 3 4 5 6 AMOUNT PAID: _____
(circle one)



PET NAME: _____

DOSAGE: 25mg 75mg 100mg

PACK SIZE: 1-29 count _____ 30 count 60 count 180 count

QUANTITY: 1 2 3 4 5 6 AMOUNT PAID: _____
(circle one)



PET NAME: _____

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

AMOUNT PAID: _____

ZOETISPETCAREREWARDS.COM
CUSTOMER SERVICE: 1 (855) 749-7424

*Purchase history details and member information will be visible to the selected veterinary practice for each transaction. See Program Terms and Conditions at www.zoetispetcarerewards.com/termsandconditions for additional information. Program Terms and Conditions apply.