

FREE CLINIC AIDS ORDER FORM

PLEASE FILL OUT THIS FORM AND EITHER FAX OR POST

DATE:

VETERINARIAN:

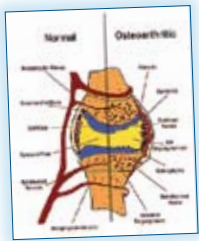
HOSPITAL/CLINIC:

ADDRESS:

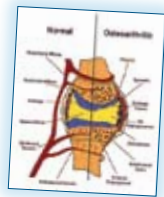
CITY:

PROV:

POSTAL CODE:



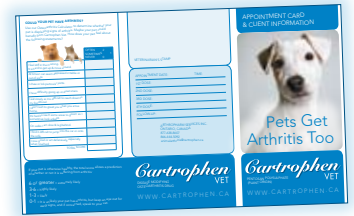
Joint Picture
(9.5" x 14.5"
colour wall poster)
Rooms ____



Joint Picture
(8.5" x 11"
for consulting rooms)
Rooms ____



Dosage Chart
(8.5" x 11" colour)
1 kg to 100 kgs
Rooms ____



Appointment Card
and Client
Information (25/pkg)

FREE APPOINTMENT CARDS ARE AVAILABLE FROM YOUR DISTRIBUTORS:

Distributor Code:	AVP 8638802	WDDC 112804	MIDWEST 5250123	VPCL 4190508	CDMV 109086	VIE & SANTE 006004
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Cartrophen

DISEASE MODIFYING
OSTEOARTHRITIS DRUG

VET

WWW.CARTROPHEN.CA

ARTHROPHARM SERVICES INC.
165 BAY STREET, UNIT 3
EMBRUN, ON K0A 1W1
TEL: 613-443-5515
TOLL FREE TEL: 877-638-8607
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