



Order Form

Bill To:

Name _____ Date _____
 Address 1 _____ Rep _____
 City _____ State _____ Zip _____
 Phone _____

Please Mark One: Delivered: _____ To be Shipped: _____ eMail _____

Product	Equine (2 lb Jar)	Unit Price	*Supplement (2 lb Bag)	Unit Price	Human	Unit Price	TOTAL
Appetent							
CognAid							
ColicRescue (8oz or 1lb Bottle)							
Dopamax							
EnduraPlus*							
Fertil+Female/Mares*							
Fertil+Male/Stallion							
Flamoxide*							
GastroPlus*							
Hemoxide							
Hemoxide II							
ImmunoPlus*							
Intimacy							
Maca-Maca							
Nitroxide							
NitroxidePlus*							
Nivitrox							
NutraFlu							
NutraHeal							
NutraWound*							
NutraWound Pre Race							
Prevale							
Prostate-EZ							
Pulmon-EZ							
Relief							
Super GluChon							
T.H.E.DailyEdge (5#, 10# or 15# Bag)							
THEmergency Kit							
T.H.E. Hoof Growth*							
T.H.E. Smooth Focus*							
THElectrolyte							
Zonox							
60 cc Syringes							
OTHER							

***ITEMS ALSO AVAILABLE IN SUPPLEMENT FORMULA**

Credit Card Type: _____ CVC #: _____
 Credit Card #: _____

Sub-Total	
Freight	
TOTAL	

Exp: _____

Ship To: (If Different from Bill To)

27128A Paseo Espada, #1502
 San Juan Capistrano, CA 92675
 888-422-8398 Phone
 949-429-1773 Fax

SHIPPING METHOD