

Buy 12 doses\*  
and get **\$5** back

\*of the same product in the same size at one time

**Heartgard<sup>®</sup>**  
(ivermectin/pyrantel) **Plus**



## How to get your \$5 rebate check:

To help ensure rebate redemption, the coupon should be fully completed.

**• TO BE COMPLETED BY PET OWNER •**

Available only on purchase from your veterinarian. Coupon expires 12/31/2009.

**Receipt must accompany form. PLEASE PRINT THE FOLLOWING INFORMATION:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Pet's Birthday: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

By providing your e-mail address, you are requesting receipt of convenient monthly e-mail reminders to give your pet HEARTGARD<sup>®</sup> (ivermectin), as well as to receive other special offers and pet care tips from Merial.

**Is this your first purchase of HEARTGARD?**  Yes  No  
**What size did you purchase?**

- Small Dog/Puppy (Up to 25 lb)  Small Cat/Kitten (up to 5 lb)  
 Medium Dog (26–50 lb)  Large Cat (5–15 lb)  
 Large Dog (51–100 lb)

**09HGWEB**

**NOTE: Merial respects your privacy. We will not share, sell or rent the information you provide on this form.**

Rebate request must be received on or before 3/1/2010 and must be accompanied by a receipt. One coupon required for every 12-pack purchased. Please allow 6 to 8 weeks for delivery.

**• FOR VETERINARY CLINIC USE ONLY •**

**Merial Account Number:** \_\_\_\_\_

**Veterinary Hospital:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Staff Merial Rewards (SPAP)#:** \_\_\_\_\_

**Staff Member Name:** \_\_\_\_\_

Rebate request must be received on or before 3/1/2010 and must be accompanied by a receipt. Merial reserves the right to amend, substitute, or withdraw this offer at any time without notice. Receipts must indicate a HEARTGARD product purchase. Offer may be redeemed only by a pet owner. Good only in continental U.S. and Hawaii. Void where prohibited or restricted by law. All federal, state and local laws and regulations apply. This form must accompany request; reproductions or other copies will not be accepted. Fraudulent submission could result in Federal prosecution under mail fraud statutes (Title 18, United States Code, Sections 1341 and 1342) and applicable state laws. May not be combined with any other offer for Heartgard products.

Stamp Clinic Information Here



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Redeem this coupon by returning it to:

**HEARTGARD Program Headquarters • PO Box #4040 • South Bend, IN 46634**