

rv083123



OKLAHOMA Dept. of Agriculture, Food and Forestry

RECEIVED BY:

Name: _____

Date: _____

HEALTH CERTIFICATE ORDER FORM

PHONE: 405-522-6141 EMAIL: heather.schmidt@ag.ok.gov FAX: 405-522-0756

Ship to:

Veterinarian (No Clinic Names): _____

Fed Ex Delivery Address: _____

Mailing Address (for receipt): _____

City, State, Zip: _____

Phone Number: _____

National Accreditation Number: _____

	COST	# PADS	TOTAL COST
Private Practice DVM	\$75.00 per pad		
Market Vets	\$50.00 per pad		

SHIPPING COSTS

1-10 Pads	\$6.00	
11-20 Pads	\$12.00	
Pick up at ODAFF office	N/C	
TOTAL		

Payment Options: Check, Cash, Money Order, Credit Card
PLEASE ALLOW TEN (10) BUSINESS DAYS FOR DELIVERY.

Visa

MasterCard

Discover (+3)

Card Number: _____

Expiration Date: _____