VETLAB®

orders@vetlab.com

NEW ACCOUNT PROFILE and LEUKOPET® ORDER FORM

Vetlab Supply

18131 SW 98 Court Palmetto Bay FL 33157-5509 800-330-1522 • 305-253-1848

Person Completing Profile						Date	
Hospital/Practice/Facility Name						Email	
Owner Name Phone						FAX	
Shipping Address City				1	State	ZIP	
Billing Address (If different) City				State	Zip	WEB site	
Contact Name				Lab Technician			
ls your business Tax Exempt?(Please include Tax exempt Certificate)						□ Yes □ No	
Practice Type (Please check all that apply)				□ Avian/E	xotic	Emergency	🗆 Equine
□ Aquarium	n/Zoo □ Large Anima □ Other (Specify)					Physician	Distributor
							EXTENDED
QTY	ITEM NUMBER DESCRIPTION					UNIT PRICE	PRICE
	HEM-AVLPF50	Leukopet® WBC Kit; 50 Tests and printed instructions				104.00	
	HEM-AVLPF100	Leukopet® WBC Kit; 100 Tests and printed instructions				185.50	
	Leukopet® WBC self fill kit; 100 Tests; incl 100 tubes, caps, & minipet tips, 25ul Minipet, 120ml 0.1%					105.50	
	HEM-AVLNF100	Phloxine 0.1% for Avian WBC; 250 ml (8 oz) Natt & Herricks Solution; 16 oz (Class 60)				130.73	
	GEN-TTRKS43127					19.25	
	STN-MDL53608					49.50	
	STN-MDL5593					48.71	
	Hemacytometer Neubauer Improved (Lumicyte) DBL					202.40	
	HEM-HCYPR090001 rule Counting Chamber ***Prices are subject to change*** Shipping charges are added to all				ll orders	223.19 Total	
Please ch			□ VISA				
Card Number Ex			iration Date CIN (3 digits on re			everse)	
Name as i	it appears on card	1					
Card BILL	ING address	City		State	ZIP		
Signature	of card holder				Date		
RETURNS: All returns m Upon receipt Customer re	ly has a minimum order require nust be authorized & have a Re t of item, credit will be posted t quested returns are subject to r items may not be returned.	eturn Materials Au o customer accou	thorization (RMA) num nt & applied to future c	oping charge ber. Unauth orders.	es on all credit/deb orized returns w	ill be refused.	

***Return completed form by fax 305-232-8421 or email orders@vetlab.com ***