



Veterinary Application Form

4001 McEwen Rd Suite 110, Dallas, TX 75244
Ph: 214-347-4008 | Toll Free: 800-914-7435 | Fax: 888-839-0241
www.downinglabs.com

Date: _____

Name of owner / Pets Name

Doctor's / Practitioner's Name

Mailing Address

Shipping Address Same as mailing

_____/_____/_____
Phone

_____/_____/_____
Fax

Return Policy: No prescriptions for patients may be returned legally. Returns of custom compounded products are permitted ONLY with prior authorization of a pharmacist. Custom compounded products may not be returned unless they have been shipped in error. All shipping errors must be reported to a pharmacist within ten (10) days of the invoice date.

How did you find out about Referral Website Mailer Other

If you checked Referral or Other, please enter the source: _____

Primary Product Interest: _____

Comments: _____

**PLEASE FAX COMPLETED FORM TO: (888) 839-0241
OR EMAIL TO: coordinator@downinglabs.com**