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Please fill out the information below and leave this certificate with your veterinarian to receive your 1 FREE dose and free monthly reminder!*

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 Address _____
 City _____ State _____
 ZIP _____ Phone (____) _____
 E-mail address _____
 My pet's name is _____
 Age _____ Month born _____ Breed _____

1. Would you like to receive a reminder to dose your pet?
 Yes No

2. If yes, how would you prefer to receive the reminder?
 Phone E-mail

3. What time would you prefer to be contacted?
 Morning Afternoon Evening

4. Indicate the date that you apply Revolution. (between 1 and 31)
 Today's date _____ (Month/Day/Year)

*Due to processing requirements, initial reminder may be up to 2 months from today's date. Pfizer respects the confidentiality of personal information. If for any reason you prefer not to receive additional offers or information from Pfizer Animal Health on flea and heartworm, please check here:

For Veterinary Hospital Use Only

Size of Revolution purchase:
 3 Pack 6 Pack Full year (2x6 Pack)

Free dose size dispensed: _____
 To receive your product replacements for the free dose, complete this information:

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Purchases must be made by March 31, 2011. Pfizer Animal Health is not responsible for lost, misdirected or damaged certificates. Photocopies of this voucher are acceptable. Valid only at participating practices.

Offer expires March 31, 2011

revolution (selamectin)

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FREE Petmate® Deluxe Fresh Flow 50 oz Pet Fountain*, courtesy of ROYAL CANIN®

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Name: _____ Telephone: _____
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