

Please print this form and fax to (305) 232-8421 (Credit Card orders only)
or mail form with payment to address below, or call (800) 330-1522

Spectrum MS (Mastitis) Order Form

Date: _____ Order Placed by: _____

Doctor's Name: _____

Clinic Name: _____

Practice Type (circle all that apply) Small Animal Large Animal Exotic
Other: _____ Physician: _____

Shipping Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax# _____

Email: _____

QTY	ITEM#	DESCRIPTION	PRICE	EXTENDED
	MCR-PLTSP400	Agar; Spectrum-MS Mastitis Culture System; (indv. Wrapped);Pkg/10	43.40	
	MCR-PLTSPMSCHART	Spectrum-MS Mastitis Interpretation Color Chart (free with 1st order)	8.95	
	EQP-INQCY140	Incubator; Compact;(0.7 cu.ft)	375.00	
	MCR-EQGLB2850	Sterile Inoculating Loops; Individually Wrapped; Pkg/100	19.12	
	URN-CONTST5912	Sterile Specimen Container; Individually Wrapped; Cs 100	33.25	
	BLC-LSB40003	Extra Large Alcohol Prep Pads; Pkg. 100	5.25	
Price are subject to change			Subtotal	

****Shipping charges vary depending on location; actual costs are added to all orders at time of shipment****

****Sales tax will be added on Florida orders. Please call for exact total****

For charges to be applied to a MasterCard or Visa please complete:

Card# _____ Exp: _____ CID (Card Security #): _____

Name as it appears on card: _____

Signature _____

Billing address (if different from shipping address)

Street Address: _____

City: _____ State: _____ Zip Code: _____

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