

Feline Veterinary Medical Association 750 US Highway 202, Suite 200 Bridgewater, NJ 08807

Phone: (800) 874-0498 Fax: (908) 292-1188

Client Brochure Order Form

Member Cost \$10 per pack Non-Member Cost \$15 per pack

Additional shipping cost must be selected below.

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| Brochures | | # of Packs (50 brochures per pack) | Cost | | |
|---|------------|--|------|--|--|
| Are You Thinking of Getting Another Cat(s)? | | | | | |
| Treating Chronic Pain with NSAIDs | | | | | |
| Hospice and Palliative Care for Your Cat | | | | | |
| Visiting your Veterinarian: Getting your Cat to the Veterinar | y Practice | | | | |
| You and Your Cat Deserve a Cat Friendly Practice® *Only current Cat Friendly Practices can order this brochure. | | | | | |
| Senior Cats Have Special Needs | | | | | |
| Your Cat's Life Stages | | | | | |
| Vaccinations for Your Cat | | | | | |
| FeLV and FIV | | | | | |
| Feline Zoonoses-What Can I Catch from my Cat? | | | | | |
| Feline Diabetes | | | | | |
| How to Feed a Cat | | | | | |
| Feline Anesthesia | | | | | |
| How Do I Know if my Cat is in Pain? | | | | | |
| Degenerative Joint Disease in Cats | | | | | |
| Feline Hyperthyroidism | | | | | |
| Alternatives to Declawing | | | | | |
| Feline House-Soiling | | | | | |
| Your Cat's Environmental Needs | | | | | |
| Nursing Care for Your Cat | | | | | |
| Getting Your Cat to the Veterinarian | | | | | |
| Total Number of Brochure Packs: | | | | | |
| Please select the appropriate shipping cost: (1-4 Packs: \$4, 5-12 Packs: \$7, 13- 18 Packs: \$10, 19-24 Packs: \$14, 25-30 Packs: \$17, 31-40 Packs: \$24) | | | | | |
| Total: | | | | | |
| SHIPPING INFORMATION: AAFP Member Name/Order Contact: | | | | | |
| Practice/Hospital: | | | | | |
| Mailing Address: | | | | | |
| City: | State: | Zip: | | | |
| Email: | _Phone: | | | | |

| O Check | O Visa | O Mastercard | O American Express | O Discover |
|-------------|------------|--------------|--------------------|------------------|
| Credit Card | #: | | | Expiration Date: |
| Cardholder | s Name: | | | |
| Authorized | Signature: | | | |

METHOD OF PAYMENT:

Please mail this form to FelineVMA, 750 Highway, Suite 200, Bridgewater, NJ 08807 *Or fax to* 908-292-1188