



# BIG MOUNTAIN DRUG

Toll Free Tel: 1.877. 223.9977

Toll Free Fax: 1.877.253.9977

Unit# 202A,  
8322 130<sup>th</sup> Street, Surrey,  
British Columbia, Canada V3W 8J9

## Personal Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_(mm/dd/yyyy) Gender:  Male  Female

Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

## If you are ordering for your pets, please check:

Pet Type:  Dog  Cat  Other: \_\_\_\_\_ (please specify) Pet Name: \_\_\_\_\_

## If you are a medical practitioner, please fill out the following:

Name of Medical Facility: \_\_\_\_\_ License#: \_\_\_\_\_

Name of Primary Contact (if is different from the practitioner): \_\_\_\_\_

Contact Phone: (\_\_\_\_) \_\_\_\_\_ Other Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Shipping Addresses:

Address	City	State/Province	Country	Zip/Postal Code
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Patient Information:** Height: \_\_\_\_\_ ft. \_\_\_\_ in. Weight: \_\_\_\_\_ pounds.

Known Allergies: \_\_\_\_\_

**Payment Options:**  Visa  Master Card  Money Order  Certified Check

**Credit Card Details:**  I will provide my credit card details over the phone.

Card Number: \_\_\_\_\_ Expiration: \_\_\_/\_\_\_\_ CVV Code: \_\_\_\_\_

Name on the Credit Card: \_\_\_\_\_ Contact Phone: (\_\_\_\_) \_\_\_\_\_



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## Billing Address (if different from mailing address):

Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

## Medicines Ordered

Medicine Name	Dosage	Quantity	Price	Amount (US\$)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Shipping Fee: \_\_\_\_\_

Total: \_\_\_\_\_