

CVMA Rabies Tags

2018 Rabies Tag and Certificate Order Form

Order deadline is September 13, 2017.

Rabies tags will be delivered to your clinic via UPS. Payment must accompany order.
Please print legibly and complete both sides of this form.

 Hospital/Clinic Name

 Veterinarian's name (must be a current CVMA member)

 Rabies contact name (if different from veterinarian listed above)

 Clinic street address (where tags are to be delivered; no P.O. boxes)

 City

 State

 Zip

 Phone

 Email

Please indicate below how you wish to have the back of your rabies tags personalized.

- The front of each tag will include the year of issue, "CVMA Rabies," and the ID number. It will also indicate if it is a one-year tag or three-year tag.
- Dog tags will include the name (clinic or DVM) and phone number indicated below. Cat tags will include the clinic phone number only because of space restrictions.
- CVMA cannot guarantee that ID numbers within a clinic will not repeat from year to year.

Line 1 _____ (14 spaces max.)

Line 2 _____ (16 spaces max.)

Line 3 _____ (16 spaces max.)

Line 4 _____ - _____ - _____ (phone number with area code - REQUIRED)

Example:

X Y Z A N I M A L _____
H O S P I T A L _____
D E N V E R C O _____
3 0 3 - 3 1 8 - 0 4 4 7

Sample dog tag (not actual size)



Front



Back

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Item (Note: 1 ream = 100 tags)	Price per ream	Quantity	Subtotal
Cat Tags			
Reams(s) of 1 year tags (blue aluminum circle)	\$18.00		\$
Reams(s) of 3 year tags (stainless steel circle)	\$48.50		\$
Dog Tags			
Reams(s) of 1 year tags (blue aluminum rosette)	\$18.00		\$
Reams(s) of 3 year tags (stainless steel rosette)	\$48.50		\$
Rabies Certificates			
1 sheet = 4 certificates	\$0.65/sheet		\$
SUBTOTAL			\$
Colorado Sales/RTD/CD Tax 4% (multiply SUBTOTAL x .04)			\$
City of Denver Sales Tax 3.65% (multiply SUBTOTAL x .0365)			\$
TOTAL			\$

Would you like S-Hooks with your tags? Yes No

Payment Information

- Payment must accompany order.
- No refunds for unused tags or certificates.

SHIPPING IS FREE WITH YOUR ORDER!

Check enclosed (payable to CVMA) **OR** Charge to my Visa MasterCard Discover AMEX

Account Number Exp Date Security Code

Full Billing Address

Name as it appears on card Signature

Fax or mail both sides of this form, with payment, to:
CVMA, 191 Yuma Street, Denver, CO 80223 • Fax 303.318.0450