

Save on these equine products from your Veterinarian

See rebates below on these trusted products from your veterinarian and Merial:

Buy This:	Get This:			
<p>GASTROGARD® (omeprazole) and/or ULCERGARD® (omeprazole)</p> 	<p>\$5 per Tube</p>			
<p>LEGEND® (hyaluronate sodium)</p> 	<p>\$10 per Dose (4 mL = 1 Dose/20 mL = 5 Doses)</p>			
<p>MARQUIS® (15% w/w ponazuril)</p> 	<p>\$100 per 4 pack</p>			
<p>EQUIOXX® (firocoxib)</p> 	<p>50¢ per Tube</p>	<p>\$3 per Bottle of Injection</p>	<p>\$26* per Bottle of 60 Tabs</p>	<p>\$77* per Bottle of 180 Tabs</p>
<p>POTOMAVAC™ + IMRAB®</p> 	<p>\$3 per Dose</p>			
<p>RECOMBITEK® rWNV-EWT</p> 	<p>\$5 per Dose</p>			
<p>ZIMECTERIN® Gold (ivermectin/praziquantel)</p> 	<p>\$1.50 per Tube</p>			

*Refer to the back of this rebate certificate for complete instructions on how to redeem. This offer cannot be combined with any other offer from Merial. Valid on purchases from your veterinarian dated January 1 through December 31, 2017.

Want faster rebates? Visit max.merial.com!

Offer available to horse owners, trainers and/or stable managers who purchase through a veterinarian.

To redeem:

- 1) Attach copies of all veterinary invoices pertaining to the purchase of the brands shown on other side of this rebate certificate.
- 2) Submit the following:
For the paste products: UPC code or box top of outer packaging.
For vaccines or injectable products: vet invoice with brand listed.
For EQUIOXX[®] (firocoxib) Tablets: UPC code if full bottle.
- 3) Complete this certificate and submit with required UPC or label (refer to #2), postmarked by January 31, 2018 to:

MERIAL[®] Equine Product Rebate 2017
Offer # 16-93072
PO Box 540011
El Paso, TX 88554-0011

These rebates cannot be combined with any submissions made via the MAX, Merial Awards Xpress program. Check your rebate online at www.merialrebatestatus.com.

****For tablet purchases made in different increments,
please contact customer care at 888-637-4251 for assistance.***

Please complete the following to receive your rebate.

Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Phone: _____

Veterinarian Name: _____ Merial Account Number (if known): _____

Indicate number of horses owned/trained: _____ May we contact you via email? ___Yes ___No

Email: _____

By providing your email address you are agreeing to receive special offers and horse care communications on behalf of Merial.

Indicate Quantity (tubes or doses for bottled products) Purchased

GASTROGARD [®] (omeprazole)	ULCERGARD [®] (omeprazole)	LEGEND [®] (hyaluronate sodium)	MARQUIS [®] (15% w/w ponazuril)	EQUIOXX [®] Paste (firocoxib)	EQUIOXX Tablets	EQUIOXX Injection	POTOMAVAC [®] + IMRAB [®]	RECOMBITEK [®] rWNV-EWT	ZIMECTERIN Gold (ivermectin / praziquantel)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



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