

CareFirst Veterinary Pharmacy

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Veterinary Registration Form

Legal Name of Business:	Name of Clinic:			
Owner's Name:				
Mailing Address:			_	
Street		City	State	Zip
Shipping Address: (if different) Street		City	State	Zip
Phone:	Fa	эх:	Email:	
Your Care Team				
Veterinarian's Name	License Number	DEA Number	Email	
Veterinarian's Name	License Number	DEA Number	 Email	
veterinarian's Name	License Number	DEA Number	Email	
Veterinarian's Name	License Number	DEA Number	Email	
Veterinarian's Name	License Number	DEA Number	Email	
Office Contact/Office Manager:			Email:	
How did you hear about Ca	reFirst Veterinary Pharmacy?			
○ Referral ○ Websit	te Mailer OS	ales Team Other		
Compounded products yo	u are interested in:			
	elationship with veterinarians ound for your prescribing nee		ou have any addition	al non-sterile products that
Other Comments:				

Shipping Terms: Please call us or visit our website for up to date shipping information and promotions. Orders placed after 4pm EST will be processed the next business day. Compounded medications may require additional processing time.

Returns: At CareFirst we value your business and do what we can to keep our patients and veterinarians satisfied. We will return products received in error or damaged in shipping. Please notify us within 10 days of receiving the shipment. All medications returned to CareFirst Specialty pharmacy must be authorized prior to returned shipment. All unauthorized returns will be discarded and the product will not be credited. Under certain circumstances we will not be able to accept returns due to rules and regulations including but not limited to: Control substances, Hazardous materials, sold on a non-returnable basis, expired product, products damaged, soiled or adulterated, refrigerated or frozen products.

Thank you for choosing CareFirst Veterinary Pharmacy