Formulary Order & Payment Information

Name: ________________________________________________________________

Business/Clinic Name: ____________________________________________________

Shipping Address: _________________________________________________________

City: _____________________________ State: ________ Zip: ________

Primary Phone: ___________________________________________________________

Primary Email: ___________________________________________________________

☐ YES, please add my email to your mailing list to receive information on new educational materials and continuing education opportunities!

Order Information:

**NEW!**

Number of Formulary’s requested: __________ x $20.00 each = Total: ____________
** $20.00 includes the book and shipping/handling in the US.

Foal Formulary and Field Protocol Guide
Number of Formulary’s requested: __________ x $18.00 each = Total: ____________
** $18.00 includes the book and shipping/handling in the US.

Card Number: ___________________________ Expiration Date: ________________


I authorize the CSU/ERL to charge my credit card for the total amount listed above.

Signature: ___________________________ Date: ____________________________

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