

Adequan i.m. (Polysulfated Glycosaminoglycan)

Donation Form

PATH Intl. Member Centers

Offer expires December 16, 2016

PATH Center: _____ **Member #** _____

Contact person: _____

Phone Number: _____ **Email Address:** _____

Street address: _____

City: _____ **State** _____ **Zip Code** _____

Veterinary Clinic _____

Veterinarian: _____

Phone Number: _____ **Email Address:** _____

Street address: _____

City: _____ **State** _____ **Zip Code** _____

Luitpold Account # _____

If you do not have an account, please call Luitpold Pharmaceuticals, Inc. at 1-800-458-0163 to set up an account. We do require a copy of your veterinary license when setting up an account.

The horses listed on the attached page have been identified by the veterinarian as in need of Adequan i.m. for the intramuscular treatment of non-infectious degenerative and/or traumatic joint dysfunction and associated lameness of the carpal and hock joints in horses.

Veterinary signature: _____ **Date:** _____

Warning: Do not use in horses intended for human consumption. Not for use in humans.

| | Horses Name | Age | # of boxes | | Horses Name | Age | # of boxes |
|----|-------------|-----|---------------|----|-------------|-----|---------------|
| 1 | | | | 18 | | | |
| 2 | | | | 19 | | | |
| 3 | | | | 20 | | | |
| 4 | | | | 21 | | | |
| 5 | | | | 22 | | | |
| 6 | | | | 23 | | | |
| 7 | | | | 24 | | | |
| 8 | | | | 25 | | | |
| 9 | | | | 26 | | | |
| 10 | | | | 27 | | | |
| 11 | | | | 28 | | | |
| 12 | | | | 29 | | | |
| 13 | | | | 30 | | | |
| 14 | | | | 31 | | | |
| 15 | | | | 32 | | | |
| 16 | | | | 33 | | | |
| 17 | | | | 34 | | | |