



<u>OFFICE USE ONLY</u>	
Receipt #:	_____
Amount:	_____

OKLAHOMA DEPARTMENT OF AGRICULTURE, FOOD & FORESTRY

405-522-6141

FAX: 405-522-0756

HEALTH CERTIFICATE ORDER FORM

Ship to:

Veterinarian (No Clinic Names): _____
Fed Ex Delivery Address: _____
Mailing Address (for receipt): _____
City, State, Zip: _____
Phone Number: _____
National Accreditation Number: _____

ITEM	COST	# PADS	TOTAL COST
Health Certificates (25 per Pad)	\$25.00 per Pad		
SHIPPING COSTS			
1-10 pads	\$6.00	-----	
11-20 pads	\$12.00	-----	
Pick up at ODAFF office	N/C	-----	\$00.00
Total			

Payment Options: Check, Cash, Money Order, Credit Card

PLEASE ALLOW TEN (10) BUSINESS DAYS FOR DELIVERY.

- Visa
 Credit Card Payment
 MasterCard
 Discover(+3)

Card Number: _____
Expiration Date: _____