

**Oregon Department of Agriculture
VETERINARY PRODUCT REGISTRATION**

Program questions call:
Animal Health & ID Division: 503-986-4691 <http://oregon.gov/oda/ahid>

Cashier use only

LICENSE #

Print or type: _____ License Expires June 30, _____

Firm Name _____ Phone # _____

Contact Name _____ Fax # _____

Mailing Address _____ email: _____

City, State, Zip _____

Circle one of the following: New Renewal Additional Products

***** Registration of animal remedies, veterinary biologics & pharmaceuticals. *****

Animal remedy means any product used to prevent, inhibit or cure or enhance or protect the health or well-being of animals, but does not include food. (ORS 596.095)

Registration fee: Number of products ____ X \$75.00 = \$ _____

List products to be registered below. If additional space is needed use reverse side.

<u>Brand Name</u>	<u>Product Name</u>	<u>Product Number</u>	<u>UPC Code –if on retail package</u>
<u>1.)</u>			
<u>2.)</u>			
<u>3.)</u>			
<u>4.)</u>			
<u>5.)</u>			
<u>6.)</u>			
<u>7.)</u>			
<u>8.)</u>			

PAYMENT METHOD

For Checks or Money Orders, mail to:

Oregon Department of Agriculture
PO Box 4395, Unit 16
Portland OR 97208-4395

For Credit Card Charges, mail or fax to:

Oregon Department of Agriculture Secure Fax
635 Capitol St. N.E. (503) 986-4746
Salem OR 97301-2532

Make checks payable to **Oregon Department of Agriculture**. All dishonored checks or electronic payments will incur a \$25 administrative fee (ORS 30.701).

For Visa or MasterCard Charges Complete the Following Information

Name of Cardholder: _____ Phone: _____

Address of Cardholder: _____ City: _____ Zip: _____

Email or Fax receipt available for credit card payments ONLY. Print Email address or Fax# _____

Signature: _____ Total Charges: \$ _____

Card Number: _____ / _____ / _____ Expiration Date: _____ / _____