Oregon Department of Agriculture
Veterinary or Animal Remedy Product Registration

Program questions call:

License # AG-R VET

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 Company     Renewal     Additional Products on AG-R__________VET

*** 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 $100.00 = $________________
List products to be registered below. If additional space is needed use reverse side.

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Product Name</th>
<th>Product Number</th>
<th>UPC Code –if on retail package</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For Checks or Money Orders, mail to:
Oregon Department of Agriculture
PO Box 4395, Unit 17
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: __________/__________

Do not email credit card information. Use secure fax or regular mail.          Rev 5/16