

Date: _____

Weight: _____



Client's Name: _____

Body Condition Score: 1 2 3 4 5

Pet's Name: _____

Veterinarian: _____

Diagnosis: _____

Food: Dry Wet Both

Prescription Diet® Recommendation:

Feeding Amount:

- a/d* l/d*
- b/d* m/d*
- c/d* n/d*
- c/d* Multicare r/d*
- d/d* s/d*
- g/d* t/d*
- h/d* t/d* Small Bites
- i/d* u/d*
- j/d* w/d*
- k/d* z/d* Low Allergen
- z/d* ULTRA Allergen-Free

____ cups; ____ times per day; until ____ / ____ / ____

____ cans; ____ times per day; until ____ / ____ / ____

Comments: _____

Next Appointment: _____

See Reverse Side for a Special Rebate from Hill's Pet Nutrition, Inc.

Cost per day: _____

Science Diet® Recommendation: _____



Up to: **CLIENT MAIL-IN REBATE**
\$15 OFF Not Payable at Veterinary Clinic, Must be postmarked by 12/31/2010

To receive your rebate: PURCHASE any size bag or any full (12-can canine; 24-can feline) case of Hill's® Prescription Diet® or Science Diet® pet food from your veterinary clinic to receive a check for \$15. SEND this ORIGINAL REBATE form with ORIGINAL UPC labeled "Proof of Purchase" (see example) from bag or can of food, along with a copy of the veterinary receipt with purchase price circled, dated between January 4, 2010 and December 31, 2010. **REBATE CONDITIONS:** 1. Only one rebate per household. 2. Maximum \$15 will be refunded per rebate. 3. Duplicate submissions and/or copies of the rebate form or the UPC symbol will not be honored or returned. 4. Offer void where prohibited, licensed, taxed, or otherwise restricted by law. 5. Offer good in USA only. 6. No P.O. Boxes will be accepted without a street address. 7. Not responsible for lost, misdirected, or postage due mail. 8. Fraudulent submissions could result in Federal prosecution under US mail fraud statutes. 9. Will not qualify for rebate if all requirements are not met. 10. This rebate offer not to be used in combination with any other rebate or coupon offer.



<p>SEND REBATE REQUEST TO: Hill's Rebate Offer PO Box 49407 Strongsville, OH 44149-0407</p> <p>Purchase Price: \$ _____</p> <p>Product Purchased: _____</p> <p><input type="checkbox"/> Dog <input type="checkbox"/> Cat Date of Birth: _____</p> <p>Veterinary Clinic Phone No. _____</p>	<p>CLIENT INFORMATION: Please Print</p> <p>Name: _____</p> <p>Address: _____ Apt. _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Phone: _____</p> <p>E-Mail: _____</p> <p><input type="checkbox"/> Check here to sign up for additional money-saving offers updates on nutritional breakthroughs and important e-mail reminders</p>
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Please allow 8-10 weeks for delivery of rebate check

THIS REBATE MAY NOT BE REPRODUCED, PURCHASED, TRADED, TRANSFERRED (BEFORE REDEMPTION) OR SOLD.
 (Any other use constitutes fraud which may be actionable at law.)

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