

VETERINARY PRODUCTS REGISTRATION

Oregon Department of Agriculture  
635 Capitol Street NE  
Salem, Oregon 97301-2532  
(503) 986-4680  
Hearing Impaired TDD #(503) 986-4762



FOR CASHIER'S USE ONLY

LICENSE # \_\_\_\_\_ LICENSE TYPE 49 \_\_\_\_\_ MAIL FIRM # \_\_\_\_\_  
PRINT OR TYPE \_\_\_\_\_ LICENSE EXPIRES JUNE 30, \_\_\_\_\_

Firm Name \_\_\_\_\_ Phone # \_\_\_\_\_

Contact Name \_\_\_\_\_ FAX # \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Location Code \_\_\_\_\_

Circle one of the following:   NEW                   RENEWAL                   ADDITIONAL PRODUCTS

\*\*\*\*\* REGISTRATION OF ANIMAL REMEDIES, VETERINARY BIOLOGICS & PHARMACEUTICALS\*\*\*\*\*

LICENSE FEE SCHEDULE

Number of Products at \$75.00 each   \$ \_\_\_\_\_

LIST PRODUCTS TO BE REGISTERED BELOW. IF ADDITIONAL SPACE IS NEEDED, USE REVERSE SIDE.

PRODUCT NAME

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_

RETURN THIS APPLICATION WITH YOUR REMITTANCE PAYABLE TO OREGON DEPARTMENT OF AGRICULTURE. FOR CREDIT CARD CHARGES COMPLETE INFORMATION BELOW.

\_\_\_\_ Visa    \_\_\_\_ Mastercard    Expiration Date \_\_\_\_ / \_\_\_\_    Total Charges \$ \_\_\_\_\_

Card Number \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_