

**OFFICE USE ONLY**

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)	\$35.00 per Pad		
SHIPPING COSTS			
1-10 pads	\$6.00	-----	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: _____