

Save Big on ZIMECTERIN[®] Gold!

(ivermectin/praziquantel)

Receive a rebate of \$1.50 per tube

Refer to the back of this rebate certificate for complete instructions on how to redeem. This offer cannot be combined with any other offer from Merial.

Valid on purchases dated July 1 through December 31, 2015.



A SANOFI COMPANY



Want faster rebates?
Visit max.merial.com!



Name: _____

Address: _____

City: _____

State: _____ ZIP: _____

Phone: (_____) _____

To receive your rebate, please mail the original invoice or a clear photocopy, along with this original, completed coupon and proof of purchase (UPCs) to:

ZIMECTERIN® Gold 2015 Rebate
Offer # 15-16119
PO Box 540011
El Paso, TX 88554-0011

Submissions must be postmarked by January 31, 2016. These rebates cannot be combined with any submissions made via the MAX, Merial Awards Xpress program.

Rebates paid on purchases only. Allow six to eight weeks for rebate. Merial reserves the right to cancel or modify this rebate at any time. Rebate requests postmarked after January 31, 2016 will not be honored. Not valid where prohibited by law or regulation. All federal, state and local laws and regulations apply. No substitutions or transfer of goods permitted, except at the sole discretion of the sponsor. Rebate offer valid for horse owners only. Direct Merial customers (veterinarians and dealers) do not qualify for this rebate. Only individual original rebate certificates submitted by the horse owner, trainer or stable manager will be accepted.

®ZIMECTERIN is a registered trademark, and ™MAX, Merial Awards Xpress is a trademark, of Merial.

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Purchased At (Business Name): _____ Date: _____

City: _____ State: _____

Which of the following best describes your primary role relative to horses?

____ Horse Owner ____ Trainer/Stable Manager Other: _____

How many horses do you own/are responsible for?: _____

Was this your first purchase of ZIMECTERIN Gold? ____ Yes ____ No

Will you purchase ZIMECTERIN Gold in the future? ____ Yes ____ No

May we contact you via e-mail? ____ Yes ____ No

E-mail: _____

By providing your e-mail address you are agreeing to receive special offers and horse care communications on behalf of Merial.

**After you submit your rebate, you can check the status by
visiting www.merialrebatestatus.com.**

**Please Indicate
Number of Tubes Purchased:**