

Save on these Boehringer Ingelheim equine products purchased from your veterinarian

Buy:	Get:		Quantity:	
GASTROGARD® (omeprazole) 	\$7 per tube		<input type="text"/> tubes <small>[19-66731]</small>	
ULCERGARD® (omeprazole) 	\$5 per tube		<input type="text"/> tubes <small>[19-66723]</small>	
LEGEND® (hyaluronate sodium) 	\$12 per dose (4 mL = 1 dose/20 mL = 5 doses)		<input type="text"/> doses <small>[19-66732]</small>	
MARQUIS® (15% w/w ponazuril) 	\$125 per 4 tubes		<input type="text"/> tubes <small>[19-66725]</small>	
EQUIOXX® (firocoxib) 	\$3 per bottle of injection	50¢ per tube of paste	<input type="text"/> bottles of injection <small>[19-66727]</small>	<input type="text"/> tubes of paste <small>[19-66726]</small>
	\$26* per bottle of 60 tabs	\$77* per bottle of 180 tabs	<input type="text"/> 60 count bottles <small>[19-66728]</small>	<input type="text"/> 180 count bottles <small>[19-66729]</small>
POTOMAVAC™ + IMRAB® 	\$3 per dose		<input type="text"/> doses <small>[19-66730]</small>	
ZIMECTERIN® Gold (ivermectin/praziquantel) 	\$6 per 4 tubes		<input type="text"/> tubes <small>[19-66721]</small>	

*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 Boehringer Ingelheim. Valid on purchases from your veterinarian dated April 1 through December 31, 2019.

Offer available to horse owners, trainers and stable managers who purchase directly from a veterinarian.
To redeem:

- 1) Attach copies of all veterinary invoices including a valid invoice number pertaining to the purchase of the brands shown on the other side of this rebate certificate.
- 2) Complete this certificate and submit postmarked by December 31, 2019, to:

Boehringer Ingelheim Equine Product Rebate 2019

**PO Box 540011
El Paso, TX 88554-001**

These rebates cannot be combined with any submissions made online.

***For tablet purchases made in different increments,
please contact rebate center at 1-855-517-0461 for assistance.**

Please complete the following to receive your rebate:

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Veterinarian Name: _____

Boehringer Ingelheim Account Number (if known): _____

Email: _____

By providing your email address you are agreeing to receive special offers and horse care communications from Boehringer Ingelheim.

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