

# Save \$2.00 on Each Tube of **ULCERGARD**<sup>®</sup>! (omeprazole)

Great Savings on ULCERGARD—\$2.00 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 January 1 through December 31, 2016.

**ULCERGARD**<sup>®</sup>  
*(omeprazole)*

Want faster rebates?  
Visit [max.merial.com](http://max.merial.com)!



*IMPORTANT SAFETY INFORMATION: ULCERGARD can be used in horses that weigh at least 600 pounds. Safety in pregnant mares has not been determined.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

To receive your rebate for ULCERGARD or GASTROGARD® (omeprazole), please mail the original invoice or a clear photocopy, along with this original, completed coupon and proof of purchase (UPCs) to the address below. A copy of the prescription for GASTROGARD must be submitted to receive rebate.

ULCERGARD® 2016 Rebate  
Offer # 16-54123  
PO Box 540011  
El Paso, TX 88554-0011

Submissions must be postmarked by January 31, 2017. 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, 2017 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.

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Purchased At (Business Name): \_\_\_\_\_ Date: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Merial Account Number (if known): \_\_\_\_\_

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 ULCERGARD?    \_\_\_\_ Yes    \_\_\_\_ No

Will you purchase ULCERGARD 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](http://www.merialrebatestatus.com).**

**Please Indicate  
Number of Tubes Purchased:**

ONL0216HEALTHYPETS