



# VETERINARIAN REBATE PROGRAM



*SIGN UP REQUIRED*

**PROGRAM DATES:**

**JANUARY 1 - DECEMBER 31, 2021**

PURCHASE A MINIMUM OF \$3,000 OR MORE OF THE QUALIFYING VAXXON<sup>®</sup> PRODUCTS (MIX AND MATCH). PRODUCTS MUST BE INVOICED AND SHIPPED DURING THE PROMOTIONAL PERIOD, JANUARY 1 – DECEMBER 31, 2021. PURCHASES OF QUALIFYING PRODUCTS ARE CUMULATIVE.

## QUALIFYING PRODUCTS

**VAXXON<sup>®</sup> SRP<sup>®</sup> SALMONELLA & VAXXON<sup>®</sup> SRP<sup>®</sup> KLEBSIELLA**

PURCHASES OF  
\$3,000 - \$29,999  
EARN

**5%**

PURCHASES OF  
\$30,000 +  
EARN

**10%**

SEE BACK FOR TERMS & SIGN-UP

Vaxxon Veterinarian Rebate Program (12-2020)

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Vaxxinova US, 1801 Biotech Ave NE, Willmar, MN 56201, 844-SRP-VAXX

[www.vaxxinova.us.com](http://www.vaxxinova.us.com)



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## PROGRAM TERMS

**PROGRAM:** To qualify for the 2021 Vaxxinova® Veterinarian Rebate Program, veterinarians must be actively involved and performing daily practice to be eligible. Veterinarians must maintain valid veterinarian to patient relationships with clients to whom they dispense products. Qualifying products must be purchased through an authorized Vaxxinova distributor. Entities such as buying groups, resellers and operations on volume pricing or bid pricing will not qualify for this program. The minimum dollar level of qualified products must be purchased during the program period to be eligible for a rebate. **Veterinarians must sign up using the enrollment form below, before May 31, 2021 to be eligible for a rebate.** Contact your Vaxxinova representative for additional details.

### Qualifying Products: **Vaxxon® SRP® Salmonella & Vaxxon® SRP® Klebsiella**

New participants must submit enrollment form below. Participation on this program will be at the sole discretion of Vaxxinova. It is the responsibility of the practice to report all affiliated clinics or multiple locations, to Vaxxinova at the time of enrollment to ensure accuracy of program rebates. Cannot be combined with any other Vaxxinova program or promotion. Rebates will be processed within 4-6 weeks after Vaxxinova receives sales data at the conclusion of the program. Additional information may be required from Vaxxinova US prior to rebate being issued, including but not limited to W-9 information. Only one rebate will be issued per enrollment form.

Purchase and pricing verification will be reported through authorized Vaxxinova distributor sales information only. Only products that are shipped by an authorized Vaxxinova distributor during the program period will receive a rebate. Back-ordered products do not qualify for the rebate. Vaxxinova reserves the right to change this program at any time and for any reason without notice. Rebate will be calculated based on usual and customary pricing. Failure to comply with any and all terms of this program will result in the forfeiture of rebate payment and will be at the sole discretion of Vaxxinova.

## VAXXINOVA VETERINARIAN REBATE

### ENROLLMENT FORM

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CLINIC OR PRACTICE NAME

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AFILIATED CLINICS OR OTHER LOCATIONS

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REBATE MAILING ADDRESS (CITY, STATE, ZIP)

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VETERINARIAN'S NAME (PRINT)

VETERINARIAN'S SIGNATURE

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PHONE NUMBER

EMAIL ADDRESS

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I would like further information on SRP vaccines.

Submit by email to [rebate@vaxxinova.com](mailto:rebate@vaxxinova.com) or fax to (320) 222-9821