

2010 PREFERRED CUSTOMER PROGRAM

PARTICIPATION AGREEMENT

Account Name: _____ Account #: _____

Street address: _____ City: _____ State: _____ ZIP: _____

Select all distributors to deliver product through:

- AVSC Butler Henry Schein/NLS IVESCO Merritt Veterinary Supply MWI Midwest
 PennVet PVPL TW Medical/Vet Pharm Victor Walco/DVM Resources Webster/CSC

VACCINES ANNUAL COMMITMENT AND BENEFITS

LEVEL <small>(Check your commitment Level)</small>	<input type="checkbox"/> SILVER	<input type="checkbox"/> GOLD	<input type="checkbox"/> PLATINUM
2010 COMMITMENT	3,000 DOSES	7,500 DOSES	12,000 DOSES
QUALIFYING INITIAL ORDER	375 DOSES <small>(Buy 300, Get 75 free)</small>	875 DOSES <small>(Buy 700, Get 175 free)</small>	1,250 DOSES <small>(Buy 1000, Get 250 free)</small>
FREE VACCINES*	BUY 4, GET 1 FREE <small>(Of like kind, on one invoice.)</small>	BUY 4, GET 1 FREE <small>(Of like kind, on one invoice.)</small>	BUY 4, GET 1 FREE <small>(Of like kind, on one invoice.)</small>
CASH REBATES <small>On all canine and feline products including vaccines</small>	1%	3%	5%
PLUS ADDITIONAL YEAR-END CASH REBATES ON ALL CANINE AND FELINE PRODUCTS, INCLUDING VACCINES**			
MOMETAMAX® <small>8 units or more Jan. – Dec. <small>(excludes 215g bottle)</small></small>	+ 1%	+ 1%	+ 1%
INTRA-TRAC®/PROGARD®-KC <small>250 doses or more Jan. – Dec.</small>	+ 1%	+ 1%	+ 1%
CIV H3N8† <small>250 doses or more Jan. – Dec.</small>	+ 1%	+ 1%	+ 1%
HOMEAGAIN® <small>enrollments between Jan. – Dec.</small>	+ 1% <small>144 enrollments or more</small>	+ 1% <small>180 enrollments or more</small>	+ 1% <small>240 enrollments or more</small>
TOTAL YEAR-END REBATES ON ALL PRODUCTS**	up to 5%	up to 7%	up to 9%

We will participate in the 2010 Preferred Customer Program and will place the qualifying order of _____ doses of Intervet/Schering-Plough Animal Health (I/SPAH) vaccines. I agree to the terms and conditions on the back of this form.

Signature: _____

Name (in block letters): _____ Date (DD/MM/YYYY): _____

ROLE: Owner Partner Practice Manager Authorized Associate Head Technician Other

Number of Full Time Veterinarian (FTV) equivalents in this practice (Example: three (3) full time and two (2) half-time vets equals four (4) FTVs): _____

Number of unique dog/cat patient visits per week (total for all veterinarians): _____

Percentage of weekly patient visits that are cats: _____ Percentage of weekly patient visits that are dogs: _____

We would like to receive extra-label published papers from I/SPAH Technical Service: Yes No

Signature (Veterinarian Only): _____ Name (in block letters): _____

We would like to receive PET RESCUER LOST PET REPORTS from HomeAgain by email: Yes No

If yes, please provide email address: _____

*Each dose of Continuum® counts as 2 doses. **Applies to canine + feline products. †This product is conditionally licensed by the USDA.



2010 Partners in Practice

Preferred Customer Program Terms and Conditions

1. Program runs from January 1 to December 31, 2010 and replaces the T-agreement programs.
2. Vaccine commitments are based on doses delivered on a Buy 4 Get 1 Free (like kind). A minimum qualifying order, on one invoice, is required to activate the Agreement.
3. Each Continuum® dose counts as two doses for the vaccine qualifying order and doses delivered commitment.
4. Free Goods for vaccines (Buy 4 Get 1) are paid on all purchases regardless of the product commitment level selected.
5. If Mometamax® and/or Intra-Trac®/Progard®-KC and/or CIV H3N8* and/or HomeAgain® enrollments are part of the purchases, and meet minimum annual purchase levels, additional cash rebate percents will be paid on the total canine/feline products purchased.
6. Accounts not meeting 100% of commitment level for full year 2010 are not eligible for year-end cash rebates and cannot be re-signed at the same level the following year.
7. Level selected must be based on a full year commitment. On agreement with account signatory, account levels will be adjusted at mid-year if purchases suggest a higher or lower purchase achievement level. Adjusted accounts will receive year-end rebates at their final program level if 100% of the adjusted commitment level is achieved.
8. Cash rebates are paid annually after the close of business in December. Rebates paid are based on purchases made January to December. Accounts must be at 100% of the committed level for Vaccines by the end of the year.
9. Rebates will be paid approximately 8 weeks after the close of business in December.
10. Purchases will be monitored at mid-year and year-end, with selected commitment levels meeting at least 80% of the mid-year target required to maintain program level. (See chart below)

Minimum Purchases at 80% of Mid-Year Commitment

	Silver	Gold	Platinum
Canine and Feline Vaccines	1,200 doses	3,000 doses	4,800 doses

11. Accounts signed after the first quarter will receive year-end rebates retroactively for all product purchases if their commitment is met at 100% of the annual program level.
12. Prices may be adjusted during the year. Rebates will stay the same during the term of the Agreement.
13. The program is restricted to practicing veterinarians with an established direct client/patient relationship and where product is administered to patients during visits. Reselling of the products to other veterinary accounts, shelters, animal care/control agencies, directly to consumers via Internet stores, via catalogs or other OTC channels, or sales/sub-distribution to any other entity will immediately terminate this Agreement. Veterinarians operating consumer Websites/catalogs in conjunction with a clinic do not qualify.
14. I/SPAH reserves the right to cancel or amend this Agreement at any time, for any reason, at its sole discretion.

For Distributors Use Only: Please complete this form and submit to the appropriate ISPAH representative.

NOTE: Distributor securing qualifying order on one invoice receives credit for this agreement.

Distributor

Distributor Representative (in block letter):

*This product is conditionally licensed by the USDA.

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