

## 2025 NEW PRACTICE PROGRAM

New veterinary practices are being offered the opportunity to “Buy 1, Get 1 Free” on select Bio Health Solutions products and product sizes based on the following qualifications:

- The practice must have “opened” for business within the previous 180 days from date of New Practice Program form submission.
  - Mobile veterinary clinics must present state approved premise license or similar documentation to participate.
- All orders must be submitted and approved by the appropriate Bio Health Solutions manager at [vetsales@bioheathsolutions.com](mailto:vetsales@bioheathsolutions.com) in order to qualify.
- Bio Health Solutions products selected for the *New Practice Program* are seen below. **No other SKU’s (stock keeping units) qualify for *New Practice Program*.**
- No mixing or matching of products – “Buy 1, Get 1 Free” of like kind only. Free goods must be exactly the same SKU as the SKU purchased except where specified.
- Free goods must be shipped with the qualifying order.
- Initial purchases limited to \$750 of Bio Health Solutions. products, excluding qualifying free goods associated with purchase.
  - Participating clinics can purchase an additional \$750 in product and receive corresponding free goods upon participation in a Bio Health Solutions “lunch and learn” presentation. Email [vetsales@bioheathsolutions.com](mailto:vetsales@bioheathsolutions.com) to schedule your “lunch and learn” training.
- This offer cannot be combined with any other product discount or product special.
- Bio Health Solutions reserves the right to change, modify, alter, or update the terms and conditions of the *New Practice Program*, including cancelling the program at any time and without prior notice.

### QUALIFYING PRODUCTS

Item Code	UPC	Product Name
104450003	610563634927	AminAvast Cat and Small Dog 300mg capsule bottle
A048994	700729041635	AminAvast Large Dogs 1000mg capsule bottle

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

DVM/Owner(s): \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Opening (or change of ownership) Date: \_\_\_\_\_

Distributor Representative: \_\_\_\_\_