

Save now on select Draxxin® products

Earn a rebate on
qualifying purchases!



Rebate of \$20*
on 50mL of Draxxin

Rebate of \$40*
on 100mL of Draxxin

Rebate of \$100*
on 250mL of Draxxin

Rebate of \$180*
on 500mL of Draxxin

Rebate of \$25*
on 50mL of Draxxin KP

Rebate of \$45*
on 100mL of Draxxin KP

Rebate of \$100*
on 250mL of Draxxin KP

Rebate of \$200*
on 500mL of Draxxin KP



For online redemption,
visit DraxxinRewards.com
or scan the QR code.

*Receipts must be itemized (include product name, package size and price), and must include veterinarian or retailer name. Credit card receipts are not valid. See reverse side for terms and conditions.

zoetis

REBATE ON PURCHASES OF DRAXXIN® PRODUCT | OFFER VALID 01/01/25 THROUGH 12/31/25 | VOID WHERE PROHIBITED

HOW TO REDEEM

Mail this completed rebate form and the original dated proof of purchase for receipt on or before Jan. 31, 2026 to the address below:

Zoetis Rebates
P.O. Box 1919
Memphis, TN 38101

Once eligibility is confirmed, a check will be mailed within 5-6 weeks to the address you provide on this form.

Eligible customers may also redeem the rebate online by visiting: DraxxinRewards.com

The following terms and conditions apply:

Eligibility criteria: Offer is valid for cattle producers that are residents of the U.S. only. Leaders' Edge™ customers are not eligible for this offer. Contact your Zoetis representative for alternative offers.

Customers can claim the rebate on separate purchases during the program period, but each individual purchase is eligible for one rebate only. Rebate payments will be made via paper check, unless submission is made online at DraxxinRewards.com and payment is requested through PayPal® or Venmo®. Offer valid on purchases made between 01/01/2025 - 12/31/2025.

For full terms and conditions, visit DraxxinRewards.com/rules.

Zoetis reserves the right to modify or discontinue this promotion at any time and for any reason.

Name: _____

Address: _____

Operation Name: _____

City: _____

State: _____

ZIP: _____

Email: _____

Phone Number (Optional): _____

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