

www.equineseniors.com 2018 Supplement Directory

Inclusion Form

Check one

_____ **Basic (Includes 2 product listings) \$25.00**

_____ **Unlimited (Includes 3 or more product listings) \$30.00**

Manufacturer _____

Website Address _____

Street Address _____

City _____ State _____ Zip Code _____

Contact Name _____ Phone Number _____

Email address of contact _____

Categories That Will Be In The 2018 Directory

Overall Senior Supplement Joint/Mobility Pain/Inflammation Respiratory Immunity

Digestion Cushings/Metabolic Navicular/Laminitis Insulin Resistance Other _____

Category _____ Product Name _____

Category _____ Product Name _____

Category _____ Product Name _____

Category _____ Product Name _____

Category _____ Product Name _____

Category _____ Product Name _____

Category _____ Product Name _____

Category _____ Product Name _____

**Send this form, along with a check or money order (make your check out to One Horse Press) to
Equine Seniors c/o One Horse Press @ 70883 39th Street, Paw Paw, MI 49079**

