

JANUARY 1–DECEMBER 31, 2025



Get up to \$75 off when you purchase BRAVECTO® and/or SENTINEL® Brand Products. The more protection you buy, the more you save.

BEST VALUE!

BRAVECTO® AND SENTINEL® BRAND PRODUCTS Code VALUE25



4 doses BRAVECTO® AND



12 doses SENTINEL® Brand Products = \$75 rebate†



2 doses BRAVECTO® AND



6 doses SENTINEL® Brand Products = \$25 rebate†

BRAVECTO® BRAND PRODUCTS Code BRAVO25

4 doses BRAVECTO® Brand Products = \$25 rebate†

2 doses BRAVECTO® Brand Products = \$10 rebate†

SENTINEL® BRAND PRODUCTS Code SENTINEL25



12 doses SENTINEL® Brand Products = \$25 rebate†

6 doses SENTINEL® Brand Products = \$7 rebate†

BRAVECTO
(fluralaner)
Chew or Topical Solution

BRAVECTO PLUS
(fluralaner and moxidectin topical solution) for Cats

sentinel
spectrum chews
(moxidectin and imidacloprid)

sentinel *lubs*
(moxidectin and imidacloprid)



†All doses must be the same product and size, for the same pet and purchased on the same invoice date to qualify for a rebate. Rebate fulfilled via Merck Visa® Prepaid Card.

*Offer excludes BRAVECTO® 1-MONTH (Fluralaner) Chews for Dogs. Offer includes BRAVECTO® (Fluralaner) Chews for Dogs, Topical Solution for Dogs or Cats, and BRAVECTO® PLUS (fluralaner and moxidectin topical solution) for Cats.

Please see full prescribing information within product packaging.

Scan to redeem.

Program Terms & Conditions:

Offer valid for purchases made between 1/1/2025 and 12/31/2025. To receive your rebate fulfilled via Merck Visa® Prepaid Card, all fields must be completed online or via mail-in rebate form. Original, itemized veterinary invoice with product(s) purchased, purchase price and purchase date, and invoice number circled must accompany the submission. Rebate request must be submitted on or before 1/31/2026. All doses must be the same product and size, for the same pet and purchased on the same invoice date to qualify for a rebate. For VALUE25, Veterinary invoice must reflect a purchase of at least two (2) or four (4) doses of BRAVECTO® (fluralaner) and six (6) or twelve (12) doses of SENTINEL® Spectrum® Chews or Flavor Tabs®. VALUE25 offer max is \$750 (10 x \$75) over the lifetime of the offer per household, address, or person and right is reserved to confirm identity. For BRAVO25, Veterinary invoice must reflect a purchase of at least two (2) or four (4) doses of BRAVECTO® (fluralaner) Brand Products. Limit 10 rebate submissions or a maximum limit of \$250 over the lifetime of the offer per household. For SENTINEL25, Veterinary invoice must reflect a purchase of at least six (6) or twelve (12) doses of SENTINEL® Brand Products. Limit 10 rebate submissions or a maximum limit of \$250 over the lifetime of the offer per household. Only one offer can be redeemed per invoice and this offer cannot be combined with other offers. Offer may be redeemed only by the pet owner, who must be 18 years or older to redeem. Offer available on purchases from clinics in the fifty (50) United States or the District of Columbia only. Purchases from online pharmacies or other retail outlets not associated with your veterinary clinic are not valid. Fraudulent submission could result in federal prosecution under mail fraud statutes (Title 18, Sections 1341 & 1342). Use of multiple addresses to obtain additional rebates may constitute fraud and may result in prosecution. Reproduction, purchase, sale, or trade of rebate forms, proofs of purchase, and cash register receipts are prohibited. Merck Animal Health reserves the right to decline submissions for purchases from unauthorized distributors. Void where prohibited by law. Card is issued by Pathward, N.A., Member FDIC, pursuant to a license from Visa U.S.A. Inc. No cash access or recurring payments. Can be used everywhere Visa debit cards are accepted. Card valid for up to 6 months; unused funds will forfeit after the valid through date. Card terms and conditions apply. Please allow up to 8 weeks for delivery of the rebate. For rebate inquiries, call 855-496-0146 or visit rewards.mypet.com. By submitting this rebate, I agree to receive information on products and services from Merck Animal Health and its subsidiaries. My account information may also be used to deliver tailored social media ads. I can manage my communication preferences at any time by clicking on the link at the bottom of my email.

Offer expires 12/31/2025. If you have any questions about this offer, please call 855-496-0146 or visit rewards.mypet.com.

REDEMPTION INSTRUCTIONS

REQUEST REBATE BY MAIL

One submission per envelope. **To be applicable for a rebate, all doses being claimed in each submission must be for the same pet and reflect the same pet size.**

Step 1: Complete the mail-in form below.

Step 2: Make sure you have an itemized invoice from your veterinary clinic. Invoice must clearly show clinic name, invoice number, product(s) purchased, date of purchase, and price(s) paid. Please circle date and price(s).

Step 3: Find your offer code, as you will need to include this in the mailing address.

- VALUE25, use for TEAL offers**
- BRAVO25, use for PURPLE offers**
- SENTINEL25, use for BLUE offers**

Step 4: Mail the completed form, along with itemized invoice, to: Merck Rebate Center, P.O. Box 341839, Memphis, TN 38184

Offer Code: _____

REQUEST REBATE ONLINE

To be applicable for a rebate, all doses being claimed in each submission must be for the same pet and reflect the same pet size.

Step 1: Find your offer code:

- VALUE25, use for TEAL offers**
- BRAVO25, use for PURPLE offers**
- SENTINEL25, use for BLUE offers**

Step 2: Go to **rewards.mypet.com**.

Step 3: Click "Submit a Rebate" and enter your offer code.

Step 4: Follow the instructions to upload your itemized invoice and submit your rebate request. Keep a copy of all materials submitted for your records.

ONCE YOUR REBATE REQUEST HAS BEEN APPROVED (ONLINE OR BY MAIL), A MERCK VISA PREPAID CARD WILL BE MAILED TO YOU.

MAIL-IN REBATE REQUEST: All fields must be completed to qualify.

Name: _____

Street address: _____

City: _____ State: _____ Zip: _____

Tel: _____ Email: _____

Clinic name: _____ Clinic city/State/Zip: _____

Rebate requested: \$ _____ Species: dog cat

Pet name: _____ Pet age: _____ Pet breed: _____

