

# Tri-Heart<sup>®</sup> Plus

(ivermectin/pyrantel)



2025  
REBATE  
PROGRAM

## EVERY 6 DOSES, GET A \$6 REBATE



### REDEEM YOUR OFFER ONLINE

Online rebate instructions

**Step 1:** Buy qualifying products.

**Step 2:** Go to [rewards.mypet.com](https://rewards.mypet.com).

**Step 3:** Click "Submit a Rebate" and select offer code: **THP2025**.

**Step 4:** Follow the step-by-step instructions to complete the online form, upload your itemized invoice, and submit your rebate. Ensure veterinary clinic name, with invoice number, product purchased, and price and date are circled and visible in your uploaded image. The authentication code required can be found on your original, mail-in rebate form in the bottom left corner. Keep a copy of all materials submitted for your records.

**Step 5:** When your rebate is approved, you will receive a Tri-Heart Plus Visa<sup>®</sup> Prepaid Card in the mail. 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.
- Not responsible for lost, damaged, misdirected, or postage-due mail.



SCAN HERE ↑

**TO LEARN MORE ABOUT TRI-HEART PLUS, VISIT [TRIHEARTPLUS.COM](https://TRIHEARTPLUS.COM).**

Please refer to the THP Prescribing Information for more details. All dogs should be tested for heartworm infection before starting a preventive program. In a small percentage of ivermectin/pyrantel-treated dogs, digestive and neurological side effects may occur.

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# SAVE \$6 ON EVERY 6 DOSES

## Program Terms & Conditions:

Offer valid for purchases made between 1/1/2025 and 12/31/2025. To receive your rebate fulfilled via Tri-Heart Plus Visa Prepaid Card, all fields must be completed online or via mail-in rebate form. Original, itemized veterinary invoice with product purchased, purchase price, purchase date, and invoice number circled must accompany the submission. Rebate request must be submitted on or before 1/31/2026.

Only one (1) offer can be redeemed per invoice and this offer cannot be combined with other offers. Limit one (1) rebate submission per pet and limit four (4) per household, address, or person, and the right to confirm identity is reserved. Offer may only be redeemed 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.** Merck Animal Health reserves the right to decline submissions for purchases from unauthorized distributors.

Void where prohibited by law. Please allow up to eight (8) weeks for rebate delivery. Rebate will be fulfilled via Tri-Heart Plus Visa Prepaid Card.

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](https://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.

## Mail-in Rebate Instructions:

**Step 1:** To mail in a rebate request, please complete the information on the original mail-in form below. All form fields must be completed to qualify and a unique authentication code must be present on form. Duplicated codes will not be honored.

**Step 2:** Enclose an itemized invoice from your veterinary clinic, with invoice number, product purchased, and price and date circled. Receipts are prohibited.

**Step 3:** Mail this completed form and itemized invoice to:

Merck Rebate Center Offer Code **THP2025** P.O. Box 341839 Memphis, TN 38184

Pet Owner Name: \_\_\_\_\_

Pet Name: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Clinic Name: \_\_\_\_\_ Clinic City/State: \_\_\_\_\_

Expected Rebate Amount: \$ \_\_\_\_\_

