



INTERNAL USE ONLY

Empty rectangular box for internal use only.

VetImmune® • P.O. BOX 205 • Kingston, TN 37763 • Tel 209-600-7070 • Fax 865-940-0042 • email orders@vetimmune.com

ACCOUNT INFORMATION

To be filled by the treating veterinarian or State authorized person only.

Name: .....

Practice / Institution name: .....

Vet. license number: .....

Address: .....

City: ..... State: ..... Zip: .....

Email address: ..... Phone number: .....

ORDER INFORMATION

PET NAME: ..... Dx:  FRV  FIP  OTHER: .....

Order date: ..... Number of vials ordered: ..... Refills:  Y  N # of refills authorized: .....

SHIPPING INFORMATION - NO RETURNS ACCEPTED

Name: .....

Shipping address\*: .....

City: ..... State: ..... Zip: .....

Email address: ..... Phone number: .....

Preferred shipment method:

Insurance, signature are required. Check your selection. Add \$4 FedEx pick-up fee. Ships from 37830. Published prices available at fedex.com

- Shipping options: Priority Overnight, Standard Overnight, Second Day, Express Saver, Ground Shipping, Saturday Delivery, Add-on options: Signature Waiver, Hold at nearest Fedex location.

\*If different from practice address. Note: if client pays, then product must be shipped to client. \*\*Limited by Fedex to packages under \$500. Cannot be insured for loss or damage.

PAYMENT INFORMATION



Credit Card #: ..... Paypal Email: .....

Exp. date: ..... CCV #: .....

Name: .....  Vet/Clinic  Pet Owner

Billing address\*: .....

City: ..... State: ..... Zip: .....

P.O. number and/or remarks: .....

\*If different from practice address.