



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 authorized person only.

Name:

Practice / Institution name:

Vet. license number:

Address:

City: Country*: Postal code:

Email address: Phone: Fax:

* THE RECIPIENT'S GOVERNMENT APPROVAL IS REQUIRED PRIOR TO SHIPPING. WE CANNOT BE RESPONSIBLE FOR CUSTOMS DELAYS, ENTRY FEES, AND TAXES. WE CANNOT ACCEPT RETURNS.

ORDER INFORMATION

Order date: Pet Name: Number of vials ordered:

SHIPPING INFORMATION - NO RETURNS ACCEPTED

Name:

Shipping address*:

City: Country: Postal code:

Email address: Phone: Fax:

Preferred shipment method:



International Priority**

International Economy**

* If different from practice address. ** Published prices available at fedex.com - Add insurance, and \$4 FedEx pick-up fee.

PAYMENT INFORMATION



Credit Card #: Paypal Email:

Exp. date: CCV #: Vet/Clinic Pet Owner

Name:

Billing address*:

Email address: Phone: Fax:

P.O. number and/or remarks:

*If different from practice address.