



INTERNAL USE ONLY

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

### ONLINE STORE ORDER FORM

*Customers who place a Polyprenyl Immunostimulant™ order through our store.vetimmune.com need to have this form filled by the treating veterinarian and emailed by owner to orders@vetimmune.com. You (the buyer) agreed to these terms when you completed your purchase at store.vetimmune.com. Thank you for returning this form completed and signed in a timely manner.*

#### VETERINARIAN INFORMATION

Name: .....  
Practice / Institution name: .....  
Vet. license number: .....  
Address: .....  
City: ..... State: ..... Zip: .....  
Email address: ..... Phone number: .....

#### ORDER INFORMATION

PET NAME: ..... Dx:  FRV  FIP  OTHER: .....  
Online Order date: ..... Number of vials ordered: ..... Refills:  Y Refills # .....  N

#### OWNER/SHIPPING INFORMATION - NO RETURNS ACCEPTED

Name: .....  
Shipping address: .....  
City: ..... State: ..... Zip: .....  
Email address: ..... Phone number: .....

**FedEx** Shipment method: from online order selected option.  
Ships from 37830. Product must be shipped to address provided by client online order.