



INTERNAL USE ONLY

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**ACCOUNT INFORMATION***To be filled by the treating veterinarian or authorized person only.*

Name: ..... Vet. license number: .....

Practice / Institution name: .....

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: ..... Dx: ☐ FRV ☐ FIP ☐ OTHER: .....Number of vials: ..... Number of vial adaptors: .....  
(1 adaptor per vial recommended)**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.*