



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 INFORMATIONOrder date: Pet Name: Dx: ☒ FRV ☐ FIP ☐ OTHER:Number of vials: Refills: ☐ Y ☐ N # of refills authorized:Number of vial adaptors: Refills: ☐ Y ☐ N # of refills authorized:
(1 adaptor per vial recommended)**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***FedEx** ☐ Standard Overnight ☐ Express Saver
☐ Second Day

Add-on options:

☐ Signature Waiver** ☐ Hold at nearest Fedex location
☐ Saturday Delivery**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.*POLYPRENYL IMMUNOSTIMULANT HAS BEEN APPROVED FOR USE IN FELINE RHINOTRACHEITIS.
The label dose and schedule are for Feline Rhinotracheitis.