

Artuvetrin® Therapy order form**Lab Account number**

ExactAccountRef02

Order reference

Your Order

Ordered By Name

Veterinary Surgeon Name/ordered by 02

Lab Email

practice1@test.com

Lab phone number

987654321

Lab Name

Lab 01

Address_1

Address 1

Address_2

Address 2

Address_3

Address 3

Address_4

Address 4

Town

Town - City

Postal Code

123456

Country

Order Sent to Account Ref

ExactAccountRef01

Order is to be sent to

practice1 Address 1 Address 2 Address 3 Address 4 Town - City 12345

Invoice to Lab

The clinic address above

Pet and pet owner details**Pet Owner's last name**

Pet Owner First Name 02 Pet Owner Last Name 02

Animal Name

Pet Name 02

Species

Cat

Is this order for an initial or maintenance treatment?

Initial treatment = the first immunotherapy treatment for the patient

Choose allergens**Insects**

- Horse Fly (Tabanus spp.)

Epithelia

- Pigeon (Columba palumpus)

Yeast

- Malassezia

Total Allergens

3

Practice Comments