

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

Exact Account ref 03

Order reference

51305

Veterinary Surgeon's name

practiceuser02

Veterinary Surgeon's e-mail

practice2@test.com

Practice phone number**Practice Name**

practice2

Address_1**Address_2****Address_3****Address_4****Town****Postal Code****Country****Order Sent to Account Ref**

Exact Account ref 03

Order is to be sent to**Invoice to be sent to**

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 Owner First Name 02

Species

Cat

Is this order for an initial or maintenance treatment?

Initial treatment = the first immunotherapy treatment for the patient

Choose allergens

Grasses

- Bermuda grass (Cynodon dactylon)

Total Allergens

1

Practice Comments