

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

Exact Account ref 03

**Order reference**

51303

**Veterinary Surgeon's name**

Surgeon Name - ordered by 02

**Veterinary Surgeon's e-mail**

practice2@test.com

**Practice phone number**

987654321

**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 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)

### Weeds & Flowers

- Daisy (Leucanthemum vulgare)

### Crops

- Corn (Zea mays)

### Trees & Hedges

- Alder (Alnus glutinosa)

### Mites

- European house dust mite (D. pteronyssinus)

## Total Allergens

5

## Practice Comments