



METROPOLITAN VETERINARY ASSOCIATES
&
EMERGENCY SERVICES

Allergy Vaccine Re-order Form

Date of Request: _____

Owner Name: _____

Patient Name: _____

Phone Number: _____

Refill: Maintenance Vaccine Syringes Other:

Please circle

Credit Card Information:

Type of Card: _____ Expiration Date: _____

Card Number: _____

Vaccine requests will be filled in 1-2 weeks. When the vaccine is ready to be picked up you will be notified at the above number.

Shipping:

Clients who wish to have their vaccines shipped will be charged an additional Fed Ex charge of \$57 to have the vaccine shipped overnight as it must remain cold. Please understand we have no control over the shipping once it leaves the hospital and no refunds will be given for vaccine that arrives warm or frozen depending on the outside temperature.

Shipping Requested: Yes / No

No deliveries on Saturday.

Address: _____

Signature: _____

PLEASE FAX TO 610-666-1199. NO COVER NEEDED.