

**VPG|Exeter Immunotherapy Prescription Form**

**Surgery details**

Name and qualifications of vet.....

Name and address of surgery.....

Tel. no.....

**Client details**

Species.....Animals name.....

Owners name.....

Owners address.....

Premises where animals are kept (if different).....

VPG|Exeter lab numbers.....

**Medication**

Name of medicinal product.....

Total quantity to be supplied.....

Route of administration.....

Amount to be administered on each occasion.....

Frequency of administration.....

**For animal treatment only. Keep out of reach of children.**

Please supply an immunotherapy vaccine for the above animal under my care.

The medicinal product has been prescribed under the veterinary cascade.

The prescription is for single-use only and is valid for six months from the signed date.

Vets signature.....

Date.....