

## Subcutaneous Injections Allergy Vaccine Reorder Form 2025

It is time to reorder when you have ¼ of the vaccine remaining

Please print your name and address as it would appear on the shipping label:

| Name:   |   |
|---|---|
| Pets Name:  |   |
| Address:  |   |
|   |   |
|   |   |
| Telephone:  | ()  |
| Will someone be present to receive and sign for the delivery? YesNo   |   |
| receive the shipment and refrigerate vaccine upon de  | rable to ship the vaccine refill to a location where someone is available to elivery. The vaccine can be left outside for short periods but should not be left vant it go through freeze/thaw cycles, so bring inside upon receipt. |
| 2025 PRICING AND PAYMENT UPDATE:  |   |
| Pricing for subcutaneous allergy vaccine refills: \$332   |   |
| Do you need syringes? YES NO (circle) # of boxes Add \$25 per box   |   |
| Please send THIS FORM via email to dermatology.norwalk@medvet.com or via mail to the following address:   |   |
| MedVet Norwalk Dermatology<br>129 Glover Ave., Ste. 1A<br>Norwalk, CT 06850   |   |
| We accept payment via check, credit card or CareCredit. If you would like us to automatically charge the last credit card we have on file, please initial here: |   |
| If we do not have permission to charge the card on file, we will send you a payment link via text to complete<br>the transaction before shipment.               |   |
| Please call Dermatology at 203-838-6626 if you have any questions.  |   |