



Sublingual Drops

Allergy Vaccine Reorder Form 2025

It is time to reorder when you have ½ of the vial remaining

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

Owner Name: _____

Pets Name: _____

Address: _____

Telephone: (____) - ____ - _____

Will someone be present to **receive and sign for the delivery**? Yes ____ No ____

2025 PRICING AND PAYMENT UPDATE:

Pricing for sublingual allergy vaccine refill: single - \$355; double - \$686
(Mark one so we know what to prepare)

one vial C refill ____ two vial C refill ____

Please send THIS FORM via email to dermatology.norwalk@medvet.com or via mail to the following address:

MedVet Norwalk Dermatology
129 Glover Ave., Ste. 1A
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 the transaction before shipment.

Please call Dermatology at **203-838-6626** if you have any questions.