



TDDS Ltd
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Exeter
EX1 9JS
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TDDS 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).....

TDDS 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.....