



CLUTHA VETERINARY ASSOCIATION

MAIL ORDER DOG WORMING PROGRAMME 2008

If you are already on this programme and wish to continue, please complete this form to update our files. Please advise us if you want to discontinue this programme.

Name:-	
Address:-	
Telephone Number:-	Email:-

Treatment Option

Please Tick

Monthly ☐

3 Month ☐

Dogs Name	Weight	Breed

For Office Use Only

Client Number _____

Date _____