

Date of Request: _____

Injection Date: _____

Animal and Contact Information

One Form per Animal

Animal Name _____ Canine Feline
 Veterinarian _____ Vet Phone () _____ Cell Phone () _____
 Owner Name _____ Owner Phone () _____ Vet Fax () _____

Shipping Info for Regenerative Cell Return

* Needed for FedEx Shipping, No PO Boxes

Ship to* _____
 Address 1* _____
 Address 2* _____
 City* _____ State* _____ Zip* _____ Ship to Ph* () _____

Billing Information

Bill credit card on file Bill attached credit card authorization Approved credit agreement on file

Pricing is per Dose as specified on the Vet-Stem Pricing Sheet plus shipping and handling

Injury & Disease Information

Joints: Number of Sites to be Treated _____ Severity: Mild Moderate Severe

Injury Type: OA OCD Meniscus Other: _____

Circle Location(s): **Left:** Hip Elbow Stifle Other: _____ **Right:** Hip Elbow Stifle Other: _____

Description: _____

Soft Tissue: Number of Sites to be Treated _____ Severity: Mild Moderate Severe

Injury Type: Cruciate Ligament Other: _____ **Circle** Location(s): LF LR RF RR

Description: _____

To the best of my medical knowledge the above referenced animal does not have cancer (active or recent remission) or tumor(s) of undetermined type. X _____ (veterinarian initials)

Other information

Please note any special requests or updates on patient condition

Order Specifications

- Standard for intra-articular/intralesional administration: 0.6mL per site to treat (recommended)
- Standard for IV administration: 5 mL with a Hemo-Nate filter

Please indicate the **number** of syringes (doses) needed per volume (one dose will be processed per syringe requested)

____@ 0.6 mL Volume ____@ 5 mL (with filter for IV) ____ Other _____

Scheduling and Important Information:

- Fax this completed form to 858-748-2005. Please call to verify fax has been received.
- To ensure delivery on the date requested, orders must be received by noon PST two days prior to injection date.
- Orders received at least 24 hours prior to date needed will be scheduled if possible.
- Weather conditions may cause delays, please alert us of concerns in your area.
- All cells must be used the day that they are received (call if there is a question).
- Feline Banked Dose processing requires autologous serum.

I authorize processing of Banked Doses and charging of fees:

Veterinarian Signature: _____ Date: _____