

ANIMAL HEALTH FORM - YouMOVE Advance 360

Please complete the following information in full. We require this information before certain medicines can be issued. If any questions are left unanswered then this may prevent the order from being processed.

This Animal Health Form is to be completed prior to the purchase of any of the following products;

YuMOVE Advance 360 For Dogs- Qty: 60, 120 & 270YuMOVE Advance 360 Max Strength for Cats- Qty: 60YuMOVE Advance 360 Tasty Bites for Dogs- Qty: 90

Your Name *	Age of Animal *
Your Pet's Name	Animal Species *
Weight (KG)	Is the animal pregnant or lactating? *
	Yes No
Does you pet seem healthy? *	If yes, please give details
Ves No	
If no, please give details	
	Is your pet on any other medication? *
	◯ No
	If yes, please give details
Do you confirm that this purchase is solely for the treatment of the above-named pet?* OYes	
PRINT	