

## 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 & 270  
**YuMOVE Advance 360 Max Strength for Cats** - Qty: 60  
**YuMOVE 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 your pet seem healthy? \*

☐ Yes

☐ No

If yes, please give details

If no, please give details

Is your pet on any other medication? \*

☐ Yes

☐ No

If yes, please give details

Do you confirm that this purchase is solely for the treatment of the above-named pet? \* ☐ Yes

Prescribing Vet Name & Practice Contact Detail

PRINT