



METROPOLITAN VETERINARY ASSOCIATES AND EMERGENCY SERVICES

2626 VAN BUREN AVENUE • NORRISTOWN, PA 19403

telephone 610-666-1050 • fax 610-666-1199 • web www.metro-vet.com

Allergy Vaccine Re-order Form

Date of Request: _____

Owner Name: _____

Patient Name: _____

Phone Number: _____

Refill: Maintenance Vaccine Syringes Other: _____

Please circle

Credit Card Information:

Type of Card: _____ Expiration Date: _____

Card Number: _____

Vaccine requests will be filled in 1-2 weeks. When the vaccine is ready to be picked up you will be notified at the above number.

Shipping:

Clients who wish to have their vaccines shipped will be charged an additional Fed Ex charge of \$57 to have the vaccine shipped overnight as it must remain cold. Please understand we have no control over the shipping once it leaves the hospital and no refunds will be given for vaccine that arrives warm or frozen depending on the outside temperature.

Shipping Requested: Yes / No

No deliveries on Saturday.

Address: _____

Signature: _____

PLEASE FAX TO 610-666-1199. NO COVER NEEDED!

Cardiology

Michael Miller, MS, VMD, ABVP
Risa Roland, DVM, ACVIM (Cardiology)

Dentistry

Paul Orsini, DVM, ACVS, AVDC

Dermatology

Karen B. Farver, DVM, ACVD

Emergency Services

James Buckman, VMD, PhD
Jason Chamberlin, VMD
Franciszek von Esse, VMD, ABVP
Owen Fink, DVM
Mary F. Heckscher, VMD
Jennifer McGough, VMD
Marisa Suvannavejh, VMD

Julie Banyacski, CVT, VTS (ECC)
Practice Manager

Internal Medicine

John V. DeBiasio, DVM, ACVIM
James F. Dougherty, MS, VMD
Damon B. Rodriguez, DVM, ACVIM

Neurology

Jerry W. Northington, DVM

Ophthalmology

Amanda Corr, VMD
Stephen L. Gross, VMD, AVCO

Radiology

Robert C. McLear, VMD, ACVR

Rehabilitation & Acupuncture

Michelle Rupp, VMD

Surgery

Lori W. Cabell, DVM, ACVS
A. Jon Nannos, DVM
Jacqui Niles, BVetMed, SAS, ACVS
Catherine Popovitch, DVM, ACVS
Timothy M. Schwab, VMD, Resident

