



19 Journey, Aliso Viejo, CA 92656
Lobby: (949)425-0700 Fax: (949)425-5915

To Whom It May Concern,

The Intranasal Bordetella was purchased by

_____ for _____
(Owner Name First & Last) (Pet Name)

Product Serial Number: _____

Lot Expiration: _____

Product Charge: **\$28.00**
Assist Owner (upon request) Administration Charge: **\$0.00**
Upon purchase Bordetella must be refrigerated until use.

Pet Suites requires the Bordetella to be updated every 6 months.

Administration on: _____ 6 Month Expiration: _____

Please update your file. If you have questions contact us at (949)425-5915.

Thank you!

Customer Signature: _____

Pet Suites Representative: _____

Date of Purchase: _____