

e-Authorisation Form: Permission to Supply Product



I hereby give permission for Lintbells to supply the patient/s below with **YuMOVE Advance 360 / YuDERM Advance** on this practice's behalf, and confirm that the patient/s is/are currently under this practice's care.

FOR THE VET PRACTICE TO FILL IN ONLY	PLEASE STATE PRODUCTS & QUANTITIES BELOW
Pet Details	Example: 2 x YuMOVE Advance 360 for Dogs (120 tabs)
Name(s):	
Age(s):	
Current weight(s):	
Client Details	
Name:	
Address line 1:	
Address line 2:	
Postcode:	
Tel No:	
Email:	
Practice Details	
Name:	
Address line 1:	
Address line 2:	
Postcode:	
Tel No:	
Email:	
Practice Bank Details	
Account Name:	
Account Number:	
Sort Code:	

Veterinary Surgeon's Signature:

Date:

Print Full Name:

Practice Stamp:

Please complete and return by email to
vet@lintbells.com for each client