

Client Name: _____

Date Ordered: _____

Pick Up Date: _____

Order Taken By (Staff Name): _____

COW VACCINE (MODIFIED LIVE) - PRE-BREEDING	DOSAGE (Please specify quantity)
Express 5	10 dose _____ 50 dose _____
Express 5+VL5	10 dose _____ 50 dose _____
Bovi-Shield Gold FP5	10 dose _____ 50 dose _____
Bovi-Shield Gold FP5+VL5	10 dose _____ 50 dose _____
COW VACCINE - BRED or UNKNOWN HISTORY	DOSAGE (Please specify quantity)
CattleMaster FP5	10 dose _____ 25 dose _____
CattleMaster 4+VL5	10 dose _____ 25 dose _____
COW BLACKLEG VACCINE (CLOSTRIDIAL)	DOSAGE (Please specify quantity)
Ultrachoice 8	10 dose _____ 50 dose _____
SCOUR VACCINE	DOSAGE (Please specify quantity)
Scour Bos 4	10 dose _____ 50 dose _____
Scour Bos 9	10 dose _____ 50 dose _____
CALF VACCINE (MODIFIED LIVE)	DOSAGE (Please specify quantity)
Pyramid FP5 + PRESPONSE	10 dose _____ 50 dose _____
Inforce 3 (Intranasal)	10 dose _____ 25 dose _____ 50 dose _____
CALF BLACKLEG VACCINE (CLOSTRIDIAL)	DOSAGE (Please specify quantity)
Ultrabac 7/Somubac	10 dose _____ 50 dose _____ 200 dose _____
PARASITICIDES	SIZE/QUANTITY
Solmectin Pour-On	1 Litre _____ 5 Litre _____ 10 Litre _____ 20 Litre _____
Bimectin Pour-On	5 Litre _____ 10 Litre _____ 20 Litre _____
Pour-On Applicator Gun	Quantity _____

OTHER PRODUCTS OR SUPPLIES NEEDED

(Please specify product name, size and quantity): Needles? Syringes?

PRODUCT	SIZE/QUANTITY

ADDITIONAL NOTES:

CLINIC USE

ORDER PREPARED BY (STAFF NAME):

DATE:

ORDER RECEIVED BY (CLIENT SIGNATURE):

DATE:
