

Client Name: \_\_\_\_\_

Date Ordered: \_\_\_\_\_

Pick Up Date: \_\_\_\_\_

Order Taken By (Staff Name): \_\_\_\_\_

<b>COW VACCINE (MODIFIED LIVE) - PRE-BREEDING</b>	<b>DOSAGE (Please specify quantity)</b>
Express FP5	10 dose _____ 50 dose _____
<b>COW VACCINE - BRED or UNKNOWN HISTORY</b>	<b>DOSAGE (Please specify quantity)</b>
Vira Shield 6	10 dose _____ 50 dose _____
<b>COW BLACKLEG VACCINE (CLOSTRIDIAL)</b>	<b>DOSAGE (Please specify quantity)</b>
Covexin PLUS	10 dose _____ 50 dose _____
<b>SCOUR VACCINE</b>	<b>DOSAGE (Please specify quantity)</b>
Scour Bos 9	10 dose _____ 50 dose _____
<b>CALF VACCINE (MODIFIED LIVE)</b>	<b>DOSAGE (Please specify quantity)</b>
Pyramid FP5 + PRESPONSE	10 dose _____ 50 dose _____
Inforce 3 (Intranasal)	25 dose _____
<b>CALF BLACKLEG VACCINE (CLOSTRIDIAL)</b>	<b>DOSAGE (Please specify quantity)</b>
Ultrabac 7/Somubac	10 dose _____ 50 dose _____
<b>PARASITICIDES</b>	<b>SIZE/QUANTITY</b>
Ivomec Pour-On	1 Litre ___ 2.5 Litre ___ 5 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:**

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**CLINIC USE**

**ORDER PREPARED BY (STAFF NAME):**

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**DATE:**

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**ORDER RECEIVED BY (CLIENT SIGNATURE):**

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**DATE:**

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