Order form autogenous vaccine pig



Customer/Practices: (incl. fax or e-Mail for order confirmation)

Address for dispatch/veterinary's dispensary

Vaxxinova GmbH Sales

Johann-Krane-Weg 25 D-48149 Münster T +49 251 284126 00 F +49 251 284126 11 order@vaxxinova.com www.vaxxinova.de

Agent	Species	Number of doses	Dose volume ml	Owner/ Farm (incl. complete address)	Requested strains (article number or item number)	Comments (as batch no, requested delivery date, etc.)
	 sows piglets fattener 	DS	□ 1 ml □ 2 ml	 Print address on label 	□ please call back	
	□ sows □ piglets □ fattener	DS	□ 1 ml □ 2 ml	 Print address on label 	 please call back 	

I herewith confirm with my signature that a sufficiently effective, licensed vaccine is not available for the above mentioned farm. I also assure that I am entitled to unrestricted disposal of the submitted material and that there are no third party rights. Upon delivery, ownership and all other rights existing thereunder pass to Vaxxinova GmbH free of charge. By submitting the materials or vaccine order I confirm that the materials originate from the specific livestock to be treated or are a related epidemiological unit. I am also aware that a return of material, in particular of carcases and / or animal parts is not possible for hygiene reasons. Furthermore, I confirm that I accept the general terms and conditions of Vaxxinova GmbH for the production of autogenous vaccines, as listed under <u>www.vaxxinova.de</u>.

Date, place

Signature veterinarian/sender