



AUTOGENOUS VACCINE SWINE



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ORDER FORM

Please send by email or fax

| | |
|--|---|
| VETERINARY PRACTICE/CUSTOMER Name Street Postcode/City Phone number | FARM <input type="checkbox"/> Print farm address on the label Name Street Postcode/City Specials/label |
|--|---|

DIFFERING SHIPPING ADDRESS

DIFFERING BILLING ADDRESS

Order confirmation by E-mail Fax

VACCINE

| | | |
|--|-------------------------------------|--|
| Pig category: <input type="checkbox"/> Sow <input type="checkbox"/> Piglet <input type="checkbox"/> Fattener | Number of doses: ID | Dose volume: <input type="checkbox"/> 2 ml <input type="checkbox"/> 1 ml |
|--|-------------------------------------|--|

Surplus production will be purchased.
 Surplus production shall not be included.

Selection pathogen/isolate/article number:

Composition as batch: 44- Desired delivery date:

Comments:

With my signature I confirm that a sufficiently effective registered or otherwise authorised vaccine for the indication in the above mentioned livestock is not available. By submitting the materials or the order of the vaccine, I confirm that the used strains and the animals vaccinated with the batch manufactured from these strains are part of the same epidemiological unit. Furthermore, I confirm that I accept the terms and conditions of Vaxxinoва Autogenous Vaccines GmbH for the production of autogenous (farm-specific) vaccines, as listed under www.vaxxinoва.de.

Place, date Signature