



AUTOGENOUS VACCINE OTHER SPECIES



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ORDER FORM

Please send by email or fax

VETERINARY PRACTICE/CUSTOMER

Name

Street

Postcode/City

Phone number

FARM

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

Animal species:

Cattle Goat Sheep Rabbit

Number of doses:

..... ID

Dose volume:

2 ml 1 ml 0,5 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 Vaxxinoa Autogenous Vaccines GmbH for the production of autogenous (farm-specific) vaccines, as listed under www.vaxxinoa.de.

Place, date

Signature