

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

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

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

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

COW VACCINE (MODIFIED LIVE) - PRE-BREEDING	DOSAGE (Please specify quantity)
Vista 5 SQ Vista 5+VL5	10 dose _____ 50 dose _____ 10 dose _____ 50 dose _____
Express 5 Express 5+VL5	10 dose _____ 50 dose _____ 10 dose _____ 50 dose _____
Bovi-Shield Gold FP5 Bovi-Shield Gold FP5+VL5	10 dose _____ 50 dose _____ 10 dose _____ 50 dose _____
COW VACCINE - BRED or UNKNOWN HISTORY	DOSAGE (Please specify quantity)
CattleMaster FP5 CattleMaster 4+VL5	10 dose _____ 25 dose _____ 10 dose _____ 25 dose _____
COW BLACKLEG VACCINE (CLOSTRIDIAL)	DOSAGE (Please specify quantity)
Vision 8 Ultrachoice 8	10 dose _____ 50 dose _____ 10 dose _____ 50 dose _____
SCOUR VACCINE	DOSAGE (Please specify quantity)
Scour Bos 4 Scour Bos 9 Scourguard 4KC Bovilis Guardian	10 dose _____ 50 dose _____ 10 dose _____ 50 dose _____ 10 dose _____ 50 dose _____ 10 dose _____ 50 dose _____
CALF VACCINE (MODIFIED LIVE)	DOSAGE (Please specify quantity)
Vista Once SQ Pyramid FP5 + PRESPONSE	10 dose _____ 50 dose _____ 10 dose _____ 50 dose _____
Bovi-Shield Gold One Shot Inforce 3 (Intranasal)	10 dose _____ 50 dose _____ 10 dose _____ 25 dose _____ 50 dose _____
CALF BLACKLEG VACCINE (CLOSTRIDIAL)	DOSAGE (Please specify quantity)
Vision 8/Somnus Ultrabac 7/Somubac	10 dose _____ 50 dose _____ 250 dose _____ 10 dose _____ 50 dose _____ 200 dose _____
PARASITICIDES	SIZE/QUANTITY
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:**

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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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