

Order Form

Custom Made Vaccine

Swine



AniCon Labor GmbH

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www.anicon.eu

VET/CLINIC

Veterinarian

Vet Clinic

Street

Postal Code, Town

LIVESTOCK OWNER

Name

Street

Postal Code, Town

FARM INFORMATION

- Name of the farm
- Total number of animals
- Number of animals to be vaccinated

VACCINE

Product description / antigen(s)

Registered vaccine: not available not effective/ previous application without success

Number of doses:

Adjuvant: AIOH (Aluminiumhydroxid) Oil Carbopol

Volume/ dose (ml/ animal)

Desired delivery date

Vaccination date

Additional information/ remarks

.....
Date, Town

.....
Signature

>> Please return by fax **+49 4473 - 9438 50** or e-mail **vaccines@anicon.eu**