



AUTOGENOUS VACCINE SWINE



VaxxinoVA Autogenous Vaccines GmbH
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Email: order@vaxxinoVA.de

Order Form

Please return by email to order@vaxxinoVA.de

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

DIFFERING SHIPPING ADDRESS

DIFFERING BILLING ADDRESS

Order confirmation by E-mail Fax

VACCINE

Animal species:	Number of doses:	Dose volume:
<input type="checkbox"/> Sow <input type="checkbox"/> Piglet <input type="checkbox"/> Fattener	ID	<input type="checkbox"/> 1 ml <input type="checkbox"/> 2 ml <input type="checkbox"/> 4 ml <input type="checkbox"/> 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 strains used 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 VaxxinoVA Autogenous Vaccines GmbH for the production of autogenous (farm-specific) vaccines, as listed under www.vaxxinoVA.de.

Place/Date

Signature