

# SWINE

Poulpharm bvba  
Prins Albertlaan 112  
8870 Izegem | België



LAB ID: .....

Date reception: .....

Date order: .....

+32 (0)51/30 41 00  
vaccines@poulpharm.be  
www.poulpharm.be

Requested by: .....

### CUSTOMER INFORMATION

Farm ID

.....

Name

.....

Address

.....

E-mail address

.....

### VETERINARIAN INFORMATION

Veterinarian ID

.....

Name

.....

Address

.....

Phone number

.....

E-mail address

.....

### INVOICE

- Invoice:  Customer  
 Veterinarian  
 Other \*

\* OTHER:

Name: .....

Address: .....

VAT number: .....

### DELIVERY ADDRESS

Deliver to:  Customer  Veterinarian  Other\*

\* OTHER:

Name: .....

Address: .....

Telephone nr: .....

### ANIMAL TYPE

- Sows  Fattening pigs  Piglets

### AUTOGENOUS VACCINE

Same composition as batch (if applicable): .....

O First vaccination      Number of doses : .....

O Second vaccination      Number of doses : .....

Species: ..... Dossier number: .....

Species: ..... Dossier number: .....

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Species: ..... Dossier number: .....

Species: ..... Dossier number: .....

Species: ..... Dossier number: .....

### IMPORTANT INFORMATION

Planned date vaccination: □□ - □□ - □□□□

Please take **6 weeks of production time** into account

Please return by e-mail to: **vaccines@poulpharm.be**

### SIGNATURE