

**PIGEONS**

Poulpharm bvba  
Prins Albertlaan 112  
8870 Izegem | België



LAB ID: .....

Date reception: .....

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

Date Order: .....

Request by: .....

**CUSTOMER INFORMATION**

Name loft

Name

Address

E-mail address

**VETERINARIAN INFORMATION**

Veterinarian ID

Name

Address

Telefoonnummer

E-mail address

**INVOICE**

Invoice to:  Customer  
 Veterinarian  
 Other \*

\* OTHER:  
Name: .....

Address: .....

VAT number: .....

**DELIVERY ADDRESS**

Delivery to:  Customer  Veterinarian  Other\*

\* OTHER:  
Name: .....

Address: .....

Phone number: .....

**AUTOGENOUS VACCINE**

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

First vaccination Number of doses: .....

Second vaccination Number of doses: .....

Species: ..... Case number: .....

Species: ..... Case number: .....

Species: ..... Case number: .....

Species: ..... Case 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**