



VETERINARIAN SUPPLIES ORDER FORM

ANIMAL HEALTH PROGRAM

Please note that orders must include both an accredited veterinarian and clinic information

Veterinarian _____ NAN _____

Practice/Clinic _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email _____

Item Name	Packs Needed	Item Code	Items Issued <small>Office Use Only</small>
CVI: Large Animal (25/pk)		3044	
CVI: Small Animal (25/pk)		3114	
CVI: 6 Month Equine Passport (25/pk)		3051	
Coggins (EIA) Test Form (50/pk)		VS 10-11	
TB Test Forms (50/pk)		VS 6-22	
Brucellosis Vaccination Forms (100/pk)		VS 4-26	
Brucellosis Test Forms (50/pk)		VS 4-33	
Brucellosis Continuation Form (50/pk)		VS 4-33A	
Brucellosis Vaccination Tags (100/pk)		Z888-00-VAC-92	
Silver Brite Identification Tags (100/pk)		Z888-00-I/D-92	

Signature: _____ Date _____

<small>Office Use Only</small>	
Filled By _____	Date _____

Return completed form to Oregon Department of Agriculture at 635 Capitol St., NE, Salem, OR 97301, AHForms@oda.state.or.us, or fax to (503) 986-4734. If you have any questions, please contact (503) 986-4680.