



Veterinarian Supplies Order Form

All orders must include an accredited veterinarian's name and National Accreditation Number (NAN). Orders for RFID devices must include a clinic Premises ID. Return completed form by mail to 635 Capitol St NE, Salem, OR 97301, or by email to animalhealth@oda.oregon.gov.

VETERINARIAN NAME	NAT'L ACCRED. #	
<input type="text"/>	<input type="text"/>	
PRACTICE/CLINIC	PREMISES ID #	
<input type="text"/>	<input type="text"/>	
SHIPPING ADDRESS (Supplies Cannot Be Shipped to PO Boxes)		
<input type="text"/>		
CITY	STATE	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>
PHONE	EMAIL	
<input type="text"/>	<input type="text"/>	

ITEM	PACKS NEEDED
CVI – Large Animal (25/pk)	<input type="text"/>
CVI – Small Animal (25/pk)	<input type="text"/>
Test Form – Brucellosis (50/pk)	<input type="text"/>
Test Form – EIA/Coggins (50/pk)	<input type="text"/>
Test Form – Tuberculosis (50/pk)	<input type="text"/>
Vaccination Form – Brucellosis (100/pk)	<input type="text"/>
Official ID – RFID "840" (100/pk)*	<input type="text"/>
Official ID – RFID "840" (20/pk)*	<input type="text"/>
Official ID – RFID "International" (20/pk)*	<input type="text"/>
Misc.	<input type="text"/>

*A clinic Premises ID Number is required above to order any RFID ear tags

SIGNATURE	DATE
<input type="text"/>	<input type="text"/>