



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 AHForms@oda.state.or.us.

VETERINARIAN NAME		NAT'L ACCRED. #
<input type="text"/>		<input type="text"/>
PRACTICE/CLINIC		PREMISES ID #
<input type="text"/>		<input type="text"/>
MAILING ADDRESS		
<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 (50/pk)	<input type="text"/>
Official ID - Metal (Orange "OCV") (100/pk)	<input type="text"/>
Official ID - Metal (Silver "Brite") (100/pk)	<input type="text"/>
Official ID - RFID (Orange "OCV") (100/pk)*	<input type="text"/>
Official ID - RFID (White) (100/pk)*	<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"/>