



# Vaccine Order Form

**\*Please Circle Desired Vaccine**

Viral EHD & BTV

Viral EHD

Cervid Bacterin

Members Name \_\_\_\_\_ Member # \_\_\_\_\_

Ranch Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Number of doses \_\_\_\_\_

Vet Clinic \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Fax \_\_\_\_\_

Vet's Name \_\_\_\_\_

Ship To Address: \_\_\_\_\_

Responsible for payment: (circle) Member or Veterinarian

Payment Method: Check \_\_\_\_\_ Credit Card \_\_\_\_\_

Card Holder Name: \_\_\_\_\_ Type of Card: \_\_\_\_\_

CC# \_\_\_\_\_ CSC: \_\_\_\_\_

Expiration date: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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Signature

Date

The approval process can take up to 3 weeks. Please return completed forms to the DBC office. More information about the EHD vaccine and the EHD program is available on our website.

\*See [www.DBCdeer.com](http://www.DBCdeer.com) for more information on available vaccines or call DBC office.

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