



Vaccine Order Form

***Please Circle Desired Vaccine**

EHD 8-Way Combo

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: _____

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 for more information on available vaccines or call DBC office.

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