



EHD Vaccine Order Form

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.