

Iowa Department of Agriculture & Land Stewardship
Bureau of Animal Industry
Wallace Building, 2nd Floor
502 E. 9th Street, Des Moines, Iowa 50319
515-281-5305

JOHNE'S DISEASE VACCINE ORDER FORM

Veterinarian: _____ **Vet Code** _____

Clinic Name: _____

Address: _____

City, State, Zip Code: _____

Telephone: _____

HERD OWNER: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

Johne's will only be shipped in quantities of 25 vials = 1 Carton

of Cartons: _____ **@ 166.25 a carton (\$6.65 per vial) = \$** _____

REMITTANCE PRIOR TO SHIPMENT – PRICES SUBJECT TO CHANGE WITHOUT NOTICE

PLEASE MAKE CHECKS PAYABLE TO THE IOWA DEPARTMENT OF AGRICULTURE & LAND STEWARDSHIP

IDALS OFFICE USE ONLY

DATE SHIPPED: _____ **CLERK:** _____

Check Amount: \$ _____ **Check #:** _____

Inventoried: Yes _____ **By:** _____

Revised: 06/2016