

CENTRAL NEBRASKA

VETERINARY
SERVICE

BUSINESS OFFICE
43675 RYNO RD.: BROKEN BOW, NE 68822
PHONE (308) 872-6864
FAX (308) 872-2073
TOLL FREE: (888) COW-VETS (269-8387)
E-MAIL: COWVETS@CNVS.COM

Autogenous Vaccine Authorization Form

I, _____ am currently
(Name)
experiencing animal health related problems that would benefit from the use of the
following Autogenous Vaccines: Pneu Vac 3, Pneu Vac 3M, 20/20 Foot Vac, and Scour
Vac.

I have consulted with Dr. Don Cain and my attending Veterinarian regarding the
disease problems and acknowledge and understand that we have a Veterinarian Client
Patient Relationship with Dr. Cain. I also request to be added to the Non-Adjacent Herd
list for the above indicated products.

(Client Signature)

(Date)

(Client Address)

(Client Phone Number)