

REQUEST FOR VETERINARY SUPPLIES – Updated 10/1/2024

TO: IOWA DEPARTMENT OF AGRICULTURE & LAND STEWARDSHIP
ANIMAL INDUSTRY DIVISION
WALLACE BUILDING, 502 E 9TH STREET, DES MOINES, IOWA 50319
515-281-5305



IOWA DEPARTMENT OF AGRICULTURE & LAND STEWARDSHIP

REMITTANCE REQUIRED PRIOR TO SHIPMENT – PRICES SUBJECT TO CHANGE WITHOUT NOTICE – ALL SALES FINAL

CHECKS PAYABLE TO: IOWA DEPARTMENT OF AGRICULTURE & LAND STEWARDSHIP (IDALS)

THIS SECTION IS FOR VETERINARY ORDERS ONLY				
OFFICIAL HEALTH CERTIFICATES (Code 98)	UNIT DESCRIPTION	# OF UNITS	COST PER UNIT	TOTAL COST
CERTIFICATE OF VETERINARY INSPECTION (out-of-state)	100/pkg		\$100.00	\$
CERTIFICATE OF INSPECTION (intrastate – Form M – 1/2 page)	50/pkg		\$25.00	\$
DOG AND CAT CERTIFICATES (Form DC)	50/pkg		\$25.00	\$
NATIVE SWINE FARM TO FARM	25/pkg		\$25.00	\$
AFFIDAVIT OF SLAUGHTER	50/pkg		\$50.00	\$
IDENTIFICATION TAGS (Code 50)	UNIT DESCRIPTION	# OF UNITS	COST PER UNIT	TOTAL COST
SMALL SILVER (not for cattle or bison)	Box of 100		\$30.00	\$
VINYL (Flex tags) - 1½ X 1¼, 2 PART, FRONT & BACK	50 tags/bag		\$45.00	\$
TAGGING PLIERS (Code 50)	UNIT DESCRIPTION	# OF UNITS	COST PER UNIT	TOTAL COST
SMALL	1 Tagger		\$40.00	\$
VINYL (Flex tags)	1 Tagger		\$55.00	\$

TOTAL DUE \$

THIS SECTION IS FOR VETERINARY/PRODUCER FREE EID TAG ORDERS

A Premises ID is required to order EID tags. A Premises ID Application can be found on our website at this page: <https://iowaagriculture.gov/animal-disease-traceability>

Orders including only EID Tags can be emailed to: idals_id@iowaagriculture.gov. All other orders must be mailed to the address on this form and include payment.

Tag Brand (subject to change)	UNIT DESCRIPTION	# OF UNITS	TOTAL # TAGS
DATAMARS/Temple EID Tag - White	Bag of 100		

Code of Federal Regulations §86.3 Recordkeeping requirements. Official identification device distribution records. Any State, Tribe, accredited veterinarian, or other person or entity who distributes official identification devices must maintain for 5 years a record of the names and addresses of anyone to whom the devices were distributed.

Veterinarian Name: _____

IA LICENSE #: _____
(required for CVIs)

Busines/Clinic Name: _____

Producer Name: _____

PREMISES ID: _____
(required for EID Tags)

Mailing Address: _____

City, State, and Zip Code: _____

Telephone (required): _____

E-mail (required): _____

IDALS OFFICE USE ONLY

Number for Inventory

Number for Inventory

Number for Inventory

IDALS OFFICE USE ONLY

DATE SHIPPED: _____

CLERK: _____

CHECK AMOUNT: _____

CHECK #: _____

INVENTORIED: _____