## 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



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

<b>CHECKS PAYABLE TO: IOWA DEPARTMEN</b>	IT OF AGRICULTUI	RE & LAND STEWA	RDSHIP (IDAI	LS)			
THIS SECTION IS FOR VETERINARY ORDERS ONLY						IDALS OFFICE USE ONLY	
OFFICIAL HEALTH CERTIFICATES (Code 98)		UNIT DESCRIPTION	# OF UNITS	COST PER UNIT	TOTAL COST	Number for Inventory	
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	Number for Inventory	
MALL SILVER (not for cattle or bison)		Box of 100		\$30.00	\$		
/INYL (Flex tags) - 1½ X 1¼, 2 PART, FRONT & BACK		50 tags/bag		\$45.00	\$		
AGGING PLIERS (Code 50)		UNIT DESCRIPTION	# OF UNITS	COST PER UNIT	TOTAL COST	Number for Inventory	
SMALL		1 Tagger		\$40.00	\$		
VINYL (Flex tags)		1 Tagger		\$55.00	\$		
				TOTAL DUE	\$	7	
		ION IS FOR VETE					
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				ther orders must be	mailed to the address	on this form and include payment.	
Tag Brand (subject to change)	UNIT DESCRIPTION	# OF UNITS	TOTAL # TAGS	Code of Federa	Regulations §86.3 R	ecordkeeping requirements. Official identification dev	
DATAMARS/Temple EID Tag - Orange	Bag of 100			distribution records. Any State, Tribe, accredited veterinarian, or other person or entity of distributes official identification devices must maintain for 5 years a record of the names addresses of anyone to whom the devices were distributed.			
DATAMARS/Temple EID Tag - White	Bag of 100						
ALLFLEX EID Tag - Orange	Bag of 100						
ALLFLEX EID Tag - White	Bag of 100			addresses of anyone to whom the device		e to whom the devices were distributed.	
Veterinarian Name:				IA LICENSE #:			
				(required for CVIs)		_	
Busines/Clinic Name	:						
				=		IDALS OFFICE USE ONLY	
Producer Name	:			PREMISES ID:		DATE SHIPPED:	
				(required for EID Tags)			
Mailing Address					_	CLERK:	
City, State, and Zip Code:					_	CHECK AMOUNT:	
Telephone (required)	<u></u>					CHECK #:	
					-		
E-mail (required)	:					INVENTORIED:	