



STATE FORMS OFFICIAL ORDER FORM

Email to: statevet@ky.gov or Fax to: (502) 573-1020

Please Check One:

| | |
|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Veterinarian | <input type="checkbox"/> Stockyard |
| <input type="checkbox"/> Producer | |

Date: _____

Phone No: _____

Contact Information: (fill out applicable information)

Please allow 24 hours to be filled.

| | |
|--|------------------------|
| Name: _____ | Premises ID: _____ |
| Clinic/Market Name: _____ | Address: _____ |
| USDA Accreditation #: _____ | City, State, ZIP _____ |
| Check One: <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 | (NO PO BOXES) |

Order Details

| Item Description | QTY |
|---|-----|
| CEM CF TEST RECORD (KYSV-300) 50 per pkg | |
| MULTIPURPOSE TEST RECORD (KYSV-608) 50 per pkg | |
| CVI-LARGE (KYSV-72) 25 per book | |
| CVI-EQUINE (KYSV-73) 25 per book | |
| RECONSIGNEE FORM (KYSV-75) 25 per pkg | |
| ORANGE RFID TAGS (Calfhoods) 100 per bag/1000 per box (For Veterinarian Use Only) | |
| WHITE RFID TAGS (840'S) 100 per bag/1000 per box | |
| SCRAPIES TAGS (KYAB#####) 25 per sleeve - 100 per box (For Veterinarian & Stockyard Use Only) | |
| SWINE (61AB#####) 100 per box - 2,000 per case (Issued to Livestock Markets, Veterinarians, or accredited universities) | |

SHIP

PICK UP **NOTE:** You will be contacted when the order is ready.
Please allow 24 hours to be filled.

Order Details

(for office use only)

| | |
|------------------|--|
| Requested by: | |
| Approved by: | |
| Order filled by: | |
| Date Shipped: | |

Notes

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