Station Form 8-24
(Rev. 12/08)

UNITED STATES DEPARTMENT OF AGRICULTURE
Animal and Plant Health Inspection Service
Veterinary Services
903 San Jacinto Blvd. Room 220
Austin, Texas 78701

_____
Veterinarian's Name

_____
Agency Name

_____
Physical Address

_____
City State Zip Code

To: Austin Supply Room

The following articles are needed for official use:

QUANTITY	ARTICLES (Show name and number)

Notice: When card test kits are ordered, give the following information: Amount of antigen on hand # of vials_____ and # of unused cards on hand_____. Card Test Kit orders will not be processed without the Permitted Veterinarian's or State-Federal Employee's signature and Permit Number.

Supply order #(512)383-2424
Supply Fax #(512)916-5525
Email: VSTX@aphis.usda.gov

_____
Signature Accreditation #

_____
Phone Number Date of Order