

# Halocur® Order Form

Date:

Practice Name:	E-mail Address:
Address:	Practice Number: eg FR 00/X0X0X
Contact Number:	

To be used in species on Farm/s:  
eg bovine on farm Koeiplaas

To be delivered to: (Please mark applicable choice)

Direct to practice

To Wholesaler: Name of Wholesaler \_\_\_\_\_

Product Name	Qty	Dosage and Duration:
Halocur® 490 mℓ		
Halocur® 980 mℓ		

Prescribing Veterinarian	
Name:	Qualifications:
Address:	Contact Number:
	SAVC Registration Number: eg D00/0X0X
<i>I declare that this prescription is for animal(s) under my care.</i>	Practice Stamp:
Signature or equivalent:	

As per the Department of Agriculture, Forestry and Fisheries, veterinarians will be required to order Halocur® on this request form, which is signed off by the veterinarian and **this document will contain the name/s of the farms, as well as the species intended to be treated** and the quantities ordered.

Please send completed form to [salesordersmsd@msd.com](mailto:salesordersmsd@msd.com)  
If the Wholesaler delivery option is chosen, please copy your Wholesaler in on the order for invoicing purposes.