**FORMATO PARA CONTROL DE APLICACIÓN DE VACUNA**

**CONTRA NEWCASTLE+INFLUENZA AVIAR CONCENTRADA**

PROSA-02-2018

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| INFORMACION INGRESO DE VACUNA A GRANJA | | | | | | | | APLICACIÓN DE VACUNA EN GRANJA | | | | | | | | |
| FECHA DE VACUNACION | GALERA NO. | EDAD EN SEM. | NO. DE AVES VACUNADAS | VIA DE ADMINISTRACION | DOSIS | DOSIS APLICADAS | DOSIS PERDIDAS | DOSIS TOTALES |
| UPA | FECHA INGRESO VACUNA | NO. FRASCOS VACUNA | CEPA VACUNA | NOMBRE COMERCIAL DE VACUNA | LOTE | FECHA DE VENCIMIENTO | LABORA  TORIO | 0.2ML |
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MEDICO VETERINARIO RESPONSABLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FIRMA Y SELLO**