**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/INCUBADORA | | | | | | | | |
| **FECHA DE VACUNACION** | **GALERA NO.** | | **LOTE DE AVES VACUNADAS** | | **INCUBADORA** | | **EDAD** | | | **NO. DE AVES VACUNADAS** | **VIA DE ADMINISTRACION** | **DOSIS ml** | | 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** | **DIA** | | **SEM** | **0.2** | **0.25** |
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OBSERVACIONES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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FIRMA Y SELLO

MEDICO VETERINARIO RESPONSABLE