



21-25 Interchange Drive
 Eastern Creek, NSW 2768
 Ph: 1300 888 427 Ph: (02) 9899 6666
 Fax: (02) 9899 4911

VAPORISER EXCHANGE/ SERVICE PROGRAM

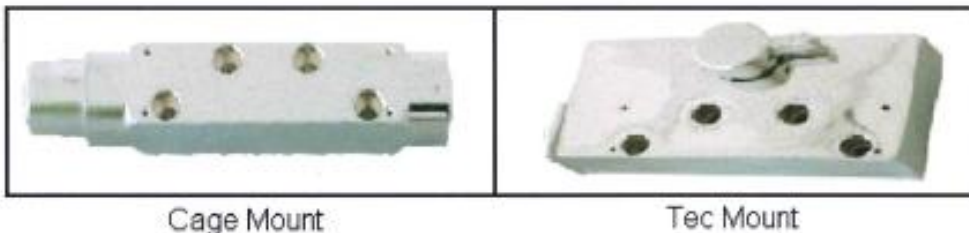
Name:
 Address:
 Phone: Fax:
 Contact Name:

VAPORISER SPECIFICATIONS FOR
 VAPORISER BEING SUPPLIED BY VETQUIP

Halothane	<input type="checkbox"/>	Key Fill	<input type="checkbox"/>	Cage Mount	<input type="checkbox"/>
Isoflurane	<input type="checkbox"/>	Pour Fill	<input type="checkbox"/>	Tec Mount	<input type="checkbox"/>
Tec 3	<input type="checkbox"/>	Tec 4	<input type="checkbox"/>	Tec 5	<input type="checkbox"/>
Other	<input type="checkbox"/>	Please specify:			

CONVERSION (This section must be filled in if your vaporizer, being sent to Vetquip, is different to the one being supplied by Vetquip).

Halo to ISO	<input type="checkbox"/>	Pour to Key Fill	<input type="checkbox"/>
Tec Mount to Cage Mount		<input type="checkbox"/>	



Cage Mount

Tec Mount

THIS FORM MUST BE EMAILED TO sales@vetquip.com.au OR FAXED TO 02 9899 6666
 BEFORE REQUEST IS PROCESSED