**Załącznik nr 1 do SWZ**

**Nr postępowania: 213/2021/TP/DZP**

**OPIS PRZEDMIOTU ZAMÓWIENIA/FORMULARZ CENOWY**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Lp.** | **Asortyment/Opis przedmiotu zamówienia wraz****z opisem wymaganych parametrów** | **Producent/nr katalogowy dla produktu** **równoważnego** (wypełnia Wykonawca w przypadku zaoferowania produktu równoważnego) | **j.m.** | **Ilość** | **Cena jednostkowa brutto** | **Wartość brutto** |
| **A** | **B** | **C** | **D** | **E** | **F** | **G= (E x F)** |
|  | Aplikator do szczepionki Rispoval intranasal |  | szt | 50 |  |  |
|  | Biobos IBR Marker inac. 10ml |  | op | 50 |  |  |
|  | Biobos IBR Marker inac. 50ml |  | op | 20 |  |  |
|  | BioBos Respi 2 intranasal 5 dawek |   | op | 10 |  |  |
|  | BioBos Respi 3 2ml |   | op | 50 |  |  |
|  | Biobos Respi 3 20ml |   | op | 30 |  |  |
|  | Biobos Respi 4 10ml |  | op | 100 |  |  |
|  | Biobos Respi 4 2ml |  | op | 50 |  |  |
|  | Biocan C  |  | dawka | 5 |  |  |
|  | Biocan DHPPi + L |  | dawka | 20 |  |  |
|  | Biocan DHPPi + LR |  | dawka | 40 |  |  |
|  | Biocan DHPPi + rozp. |  | dawka | 40 |  |  |
|  | Biocan DP + rozp. |  | dawka | 40 |  |  |
|  | Biocan M |  | dawka | 20 |  |  |
|  | Biocan Puppy + rozp |  | dawka | 40 |  |  |
|  | Bioequin FH 2x1daw. |   | op | 20 |  |  |
|  | Biotropina 100ml |   | op | 20 |  |  |
|  | Bovela 50ml |   | op | 20 |  |  |
|  | Bovilis Bovipast RSP 50ml |   | op | 50 |  |  |
|  | Bovilis BVD 100ml |   | op | 20 |  |  |
|  | Bovilis BVD 20ml |   | op | 50 |  |  |
|  | Bovilis IBR 100ml |   | op | 40 |  |  |
|  | Bovilis IBR 20ml |   | op | 100 |  |  |
|  | Bovilis INtranasal RSP live 10ml |  | op | 40 |  |  |
|  | Bovitrichovac 250ml |  | op | 10 |  |  |
|  | Cloteid 1ml |   | op | 10 |  |  |
|  | Covexin 10 |   | op | 20 |  |  |
|  | Coxevac 40ml |   | op | 20 |  |  |
|  | Equiffa 1 dawka |   | op | 5 |  |  |
|  | Equillis prequenza 1 dawka |   | op | 30 |  |  |
|  | Equillis prequenza TE 1 dawka |   | op | 30 |  |  |
|  | Equip 1 dawka |   | op | 15 |  |  |
|  | Erysin single shot 10 ml  |  | op | 5 |  |  |
|  | Eurican DHPPI |  | dawka | 100 |  |  |
|  | Eurican Herpes 205 |  | dawka | 2 |  |  |
|  | Felsivac MC |  | dawka | 15 |  |  |
|  | Hiprabovis IBR Marker Live 10ml |   | op | 6 |  |  |
|  | Hiprabovis IBR Marker Live 50ml |  | op | 6 |  |  |
|  | Hiprabovis somni 20ml |   | op | 10 |  |  |
|  | IBR marker żywy 10ml |   | op | 10 |  |  |
|  | Lactovac C 25ml |   | op | 5 |  |  |
|  | Lactovac C 5ml |   | op | 5 |  |  |
|  | Mastibiovac 100ml |   | op | 40 |  |  |
|  | Mastibiovac 20ml |   |  op | 40 |  |  |
|  | Merilym  |  | dawka | 10 |  |  |
|  | Mucosiffa 10 dawek |   |  op | 10 |  |  |
|  | Myxoren 10 ml |   | op  | 10 |  |  |
|  | Nobivac DHP |  | dawka | 550 |  |  |
|  | Nobivac DHPPi |  | dawka | 700 |  |  |
|  | Nobivac KC |  | dawka | 25 |  |  |
|  | Nobivac Myxo-RHD 1 dawka  |  | dawka | 20 |  |  |
|  | Nobivac Puppy DP |  | dawka | 700 |  |  |
|  | Nobivac Rabies 10-dawkowa |  | op | 2 |  |  |
|  | Nobivac rozpuszczalnik |  | dawka | 1600 |  |  |
|  | Nobivac Tricat |  | dawka | 600 |  |  |
|  | Nasym 10ml |  | op | 10 |  |  |
|  | Nasym 50 ml |  | op | 5 |  |  |
|  | ParwoErysin 5 dawkowy  |  | op | 3 |  |  |
|  | Pestorin Mormyx 1 d  |  | dawka | 40 |  |  |
|  | Pestorin Mormyx 10 d  |  | op | 10 |  |  |
|  | Porcilis Ery 20ml |   |  op | 5 |  |  |
|  | Primodog  |  | dawka | 10 |  |  |
|  | Protectflu 1 dawka |  | dawka | 10 |  |  |
|  | Protectflu TE 1 dawka |  | dawka | 10 |  |  |
|  | Purevax RABIES |  | dawka | 20 |  |  |
|  | Purevax RCP |  | dawka | 70 |  |  |
|  | Purevax RCPCH |  | szt | 80 |  |  |
|  | Purevax RCPCH FELV |  | dawka | 70 |  |  |
|  | Rabisin 10 ml |  | fiolka | 600 |  |  |
|  | Rispoval 3 20ml |   | op | 10 |  |  |
|  | Rispoval IBR- Marker Vivum 20ml |   | op | 10 |  |  |
|  | Rispoval Intranasal 5 dawek |  | op | 100 |  |  |
|  | Rotavec10ml |  | op | 60 |  |  |
|  | Startvac 1 dawka |  | dawka | 5 |  |  |
|  | Startvac 5 dawek |  | op | 5 |  |  |
|  | Trichoben 10ml |  | op | 150 |  |  |
|  | Trichoben 40ml |  | op | 30 |  |  |
|  | Vanguard Plus 5 |  | fiolka |  20 |  |  |
|  | Vanguard Plus 7 |  | fiolka | 20 |  |  |
|  | Zylexis 1 dawka |   | op | 10 |  |  |
|  | Zylexis 2 dawek |   | op | 10 |  |  |
| **Łączna wartość brutto:** |  |

 **Podpis Wykonawcy zgodnie z zapisami SWZ**