NAME AND FULL ADDRESS OF PERSON KEEPING RECORD	NAME:	HOLDING NUMBER:
ADDRESS:	TEL NO:	FLOCK/HERD NUMBER:
POSTCODE:	EMAIL:	

To be completed at time of purchase/acquisition/disposal

		Identity and quantity of medicinal product					Disposal (of any or all of			
Name and address of supplier	Date of purchase/ acquisition						y medicine oth			
		Name of Batch Quantity <i>Withdrawal</i>					treating an animal) Date How and Quantity			
	acquisition	medicine/product	number	Quantity	period	Date	where	Quantity		
							disposed of			

To be completed at time of administration

Date of	Identification of		Name of	Batch	Date	Date	Name of person	Total	Reason for	
administration animal or batch of		medicinal	Number	treatment	withdrawal	administering	quantity of	treatment		
	animals to be treated ID Number		product		finished	period ended	veterinary medicine	veterinary		
								medicine		
		treated				crided		used		
		treateu						useu		

NB

Columns headed in italics relate to information which is **NOT** a statutory requirement but will assist to meet some Farm Assurance Scheme requirements. Proof of purchase of all veterinary medicinal products must be kept (if not purchased, documentary evidence of how acquired). These are general guidance notes only, and cannot be taken as an authoritative view of the law. Further information can be obtained from the <u>Veterinary Medicines Directorate</u>