ANIMAL RECORD SHEET

MEDICINE RECORD

To be completed at time of purchase

Supplier	Date of Pur-chase	Identity and Quantity of Medical Product			Date, Quantity and route of disposal	Animal or Batch of Animals treated		Date Used	Reason for treat-ment	urawai	Date treat- ment ends	Date with- drawal period ends	Name of person adminis-	Quantity adminis- tered and total
		Name	Batch No	Size	of unused product	ID	Number Treated			Period	optional	optional	tering medi	quantity used

Records and proof of purchase must be kept for at least 5 years following administration/ disposal

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