|  |  |  |
| --- | --- | --- |
| **Name and full address of person keeping record** | | |
| **Name:** | **Email:** | **Holding number:** |
| **Address:** | **Tel no:** | **Flock / herd number:** |

### To be completed at time of purchase / acquisition / disposal

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name and address of supplier | Date of purchase / acquisition | Identity and quantity of medicinal product | | | | Disposal (of any or all of the veterinary medicine, other than by treating an animal) | | |
| Name of medicine / product | Batch number | Quantity | Withdrawal period\* | Date | How and where disposed of | Quantity |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**To be completed at time of administration**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of administration | Identification of animal or batch of animals to be treated | | Name of medicinal product | Batch  number\* | Date treatment finished\* | Date withdrawal period ended | Name of person administering veterinary medicine\* | Total quantity of veterinary medicine used | Reason for treatment\* |
| ID | Number treated |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

[\*These columns relate to information that is not a statutory requirement, but will help to meet some Farm Assurance Scheme requirements.]