

VETERINARY MEDICINE ADMINISTRATION RECORD

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

Name and Address of Supplier of Medicinal Product	Identify and Quantity of Medicinal Product			Date of Administration	Identification of Animal Or Batch of Animals Treated		Date Treatment Finished	Date Withdrawal Period ended	Name of person administering veterinary medicine	Total Quantity of Veterinary Medicine used
	Name	Batch Ho.	Quantity		ID	Number Treated				

NB: Columns headed in italics relate to information which is NOT a statutory requirement but will assist to meet some Farm Assurance Scheme requirements.