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| --- |
| **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 |
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**To be completed at time of administration**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of administration | Identification of animal or batch of animals to be treated | Name of medicinal product | Batchnumber\* | 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 |
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[\*These columns relate to information that is not a statutory requirement but will help to meet some Farm Assurance Scheme requirements.]