

VETERINARY MEDICINE ADMINISTRATION RECORD – TO BE KEPT FOR AT LEAST 5 YEARS

NAME AND FULL ADDRESS OF PERSON KEEPING RECORD	NAME:	<i>NBU ID No:</i>
ADDRESS:	<i>TEL NO:</i>	
POSTCODE:	<i>EMAIL:</i>	APIARY NAME / MAP REFERENCE

TO BE COMPLETED AT TIME OF PURCHASE					TO BE COMPLETED AT TIME OF ADMINISTRATION								
Name and Address of Supplier of Medicinal Product	Date Purchased	Identity and Quantity of Medicinal Product				Date of Administration	Identification of Animal or Batch of Animals Treated		<i>Date Treatment finished</i>	<i>Date withdrawal period ended</i>	Name of person administering veterinary medicine	Total quantity of veterinary medicine used	Date, quantity & route of disposal if not administered
		Name	Batch No	Quantity	Withdrawal Period		ID	<i>Number Treated</i>					

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.