

Administering medication

Authorising veterinarian

Name:			
Practice name:			
Address:			
Contact details:			
Signature:		Date:	

Prescription Animal Remedy (PAR)

Name:	
Active ingredient:	
Strength:	
Dispensation quantity:	

Instructions

Dose:	
Frequency or duration of dose:	
Route of administration:	
Where applicable:	
Feed to which the APR is added:	
Quantity of feed to be supplied:	
Final concentration in feed/water:	
Number of repeat supplies:	
Interval between each supply:	
Withholding period:	
Other precautions:	

NOTE: Animals must not be slaughtered until AFTER the withholding period has expired.

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