

Advice note serial number: _____

Veterinary advice note

Veterinary practice:	_____
Address:	_____
Phone number:	_____

Property Identification Code: _____

Livestock owner: _____

Address: _____

Name of chemical product:

(Name and concentration of active constituent/s if unregistered)

Batch number and expiry of product:

(if known)

Particulars of animal/s treated to be treated:

Location:

(If different from the above address)

Description/s:

(Species, breed, age, and sex)

Other identification/s:

(e.g., ear tag numbers or names, if more than one animal)

Number of animals: _____

Dose rate:

(Amount of chemical product to be administered to each animal)

Method of administration:

(e.g., drench, intramuscular injections, topical)

Number of treatments: _____

Date of first treatment: _____

Re-treatment interval: _____

The withholding period is:

days after the last treatment*

OR

Nil withholding period required*

*Prescribed/*dispensed by:

(*Delete one)

Signature of owner/agent of owner: _____

Date: _____