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| --- | --- |
| 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\*** |

|  |  |
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| \*Prescribed/\*dispensed by:  (\*Delete one) |  |
| Signature of owner/agent of owner: |  |
| Date: |  |