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| Advice note serial number: |       |

Veterinary advice note

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| Veterinary practice: |       |
| Address: |       |
| Phone number: |       |

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| Property Identification Code: |       |
| Livestock owner: |       |
| Address: |       |

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| Name of chemical product:(Name and concentration of active constituent/s if unregistered) |       |
| Batch number and expiry of product:(if known) |       |

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| 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: |       |

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| **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: |       |