

## Veterinary Medicine Administration Record- To Be Kept for Five years

<b>Name &amp; address of person keeping record</b>	Name:	NBU No.
Address:  Postcode:	Tel:	Apiary Name:
	Mobile:	Map ref:
	Email:	

<i>Complete at time of purchase</i>						<i>Complete at time of administration</i>						
Supplier Name & address	Purchase date	Identity & quantity of medicinal product				Date of Administration	Hive ID	*Date of treatment end	*Date withdrawal period ends	Name of person administrating medicine	Total quantity used	Date & route of disposal if not administered
		Name	Batch	Quantity	Withdrawal period							

Notes: (1) Columns marked \* are not a statutory requirement. (2) Proof of purchase of all medicines must be kept