**SAMPLE MEDICATED FEED PRESCRIPTION TEMPLATE**

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| Veterinarian Information | | | |
| Name: | | Address: | |
| License #: | |  | |
| Owner/Client Information | | | |
| Name: | | Address: | |
|  | |  | |
| Animal Information | | | |
| ID: | | Species: | |
| Weight or age: | | Animal Production Type: | |
| # of animals: | | Location of Animals: | |
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| Medicated Feed Information | | | |
| Names of medicating ingredients: | Drug trade name (product): | Amount of drug used per tonne: | Strength: |
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|  |  |  |  |
| Type of feed: | | Total amount of feed or feeding period: | |
|  | |  | |
| Manufacturing instructions: | | | |
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| Directions for Use: | | | |
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| Cautions: | | | |
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| Withholding times: | | CgFARAD # (if applicable): | |
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|  | |  | |
| Number of refills: | | Prescription Expiry Date: | |
| Veterinarian Signature: | | Date: | |
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