**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: |
|  |  |
| Medicated Feed Information |
| Names of medicating ingredients: | Drug trade name (product): | Amount of drug used per tonne: | Strength: |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| 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): |
|  |  |
|  |  |
| Number of refills: | Prescription Expiry Date: |
| Veterinarian Signature: | Date: |
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