pro Action®

RECORD 8: VETERINARY DIRECTIONS FOR EXTRA-LABEL DRUG USE (FS17)

Clinic: _____

Veterinarian: _____

Emergency Contact Information: _____

Client / Farm: _____

Patient ID or Indications for Use: _____

Product(s) Name: _____

DIN(s) / Registration Number(s): _____

If DIN is not available, check the appropriate box:

☐ vaccine   ☐ compounded product   ☐ veterinary Natural Health Product (#_____)   ☐ other

Instructions for Use (including dosage, frequency, route, maximum volume per injection site, duration of treatment):

_____

_____

_____

Milk Withdrawal: _____ __**Meat Withdrawal:** _____

Special Instructions, Precautions, Warnings, Storage, etc. (if required) (e.g. human safety, special storage, inhibitor testing):

_____

_____

Veterinarian's Signature: _____

Date of Issue:_____

Date Directions Valid Until: _____

Note 1: all items are mandatory, unless indicated otherwise. Vets may use their own format, as long as all required items are included.

Note 2: see Chapter 5 of the Reference Manual for examples of extra-label drug use.