**PURCHASE OF VETERINARY MEDICINES** **- STANDARD 6.4**

Name of person keeping this record……………………………………………….. Job Title……………………………………………………………………………..

| **Date of purchase** | **Name of veterinary medicine** | **Quantity purchased** | **Batch number** | **Expiry date** | **Meat Withdrawal period** | **Name & address of supplier** |
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