**VETERINARY MEDICINES ADMINISTERED – STANDARD 6.5**

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

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| **Treatment start date** | **Treatment end date** | **Name of veterinary medicine** | **Treatment reason** | **ID of individual / group treated** | **Batch Number** | **Expiry date** | **End of****withdrawal period (date)** | **Total quantity****used** | **Person****administering****treatment** |
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