## <u>VETERINARY MEDICINE ADMINISTRATION RECORD – TO BE KEPT FOR 5 YEARS</u>

NAME:	ADDRESS:
APIARY NAME/LOCATION:	POST CODE:

TO BE COMPLETED AT TIME OF PURCHASE				TO BE COMPLETED AT TIME OF ADMINISTRATION							
Name & Address of Supplier	Date Purchased	Identity (	& Quantity  Batch  No.	of Product Quantity	Date of Administration	Hive Number/ID	Duration of Treatment	Withdrawal Period	Name of person administering medicine	Total quantity of medicine used	Date & route of disposal if not administered
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