A

REMEDY ADMINISTRATION (Drenches, Pour ons, Vaccines)

FARM NAME: _____

Date of Treatment	Mob ID Stock Type	Remedy Used	Batch No	Remedy Expiry Date	Individual Dose	Application Point on Animal	Reason for Use	Withholding Period (Days)	Date Available for Slaughter	Name of Administrator

Note: This record must be kept for at least 3 years.