

# Animal Remedies Purchase Records

Date of Purchase	Medicine Name	Quantity Purchased	Supplied By (Record the full name & address of the supplier the first time you record it)	Withdrawal Period (Optional)		Medicine Batch No. (Optional)	Expiry Date of the Animal Remedy (Use before - Optional)	Comments (Optional – e.g. VPA number)
				(Meat)*	(Milk)*			

\*Note: Please check product for **actual** withdrawal period.