

Order for prescription medicated feed

Vet Clinic					
Clinic Phone			Clinic Fax		
Clinic Owner					
Clinic address (include postal cod	le)	<u> </u>			
Species		# of animals		Sex	
Weight (kg or lbs)			Production type		
Type of feed			Amount (kg or lbs)		
Medicating ingredients Level of drug in feed					
Generic name(s) of active ingredient(s)	eneric name(s) of active		Grams of active ingredient/tonne		Kilograms (kg) of product/tonne
Therapeutic instructions					
Mixing instructions					
Feeding instructions					
Cautions					
Warning					
Treated animals must not be slamedicated feed.	aughtere	d for human food for	days follow	wing the last	treatment with this
Manufacturing instruction	ons				
Repeat: (days) OR to			OR Do Not Repeat		
Date			Print Name		
Owner / agent / veterinarian signature					

^{*}Attention feed manufacturer Under the provisions of the Feeds Regulations 1983, a copy of this prescription is to be forwarded to the Feed and Fertilizer Division, Agriculture and Agri Food Canada within 10 working days of the manufacture of the prescribed medicated feed.