Record 8: Veterinary Directions For Extra-Label Drug Use (FS17)

Clinic: ________________________________________________________________

Veterinarian: __________________________________________________________

Emergency Contact Information: __________________________________________

Client / Farm: ___________________________________________________________

Patient ID or Indications for Use: __________________________________________

Product(s) Name: _______________________________________________________

DIN(s) / Registration Number(s): _________________________________________

If DIN is not available, check the appropriate box:

☐ vaccine  ☐ compounded product  ☐ Veterinary Health Product (#_____ )  ☐ other

Instructions for Use (including dosage, frequency, route, maximum volume per injection site, duration of treatment):

________________________________________________________________________

________________________________________________________________________

Milk Withdrawal: ________________  Meat Withdrawal: ________________

Special Instructions, Precautions, Warnings, Storage, etc. (if required)
(e.g. human safety, special storage, inhibitor testing):

________________________________________________________________________

________________________________________________________________________

Veterinarian’s Signature: ________________________________________________

Date of Issue: ___________________________________________________________

Date Directions Valid Until: ________________________________________________

Note 1: all items are mandatory, unless indicated otherwise. Vets may use their own format, as long as all required items are included.

Note 2: see Chapter 5 of the Reference Manual for examples of extra-label drug use.