



**Animal Care Facility Form**

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**TITLE: Receiving & Tracking Controlled Substances**

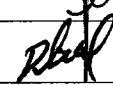
**Document No.: 904.01.frm**

**Effective Date: \_\_\_\_\_**

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ORIGINATOR: Horatiu V. Vignerean

APPROVED:  10/12/12 (Attending Veterinarian)

APPROVED:  10/22/12 (Facility Manager)

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Summary of Changes to this Document:

Distribution:  
(1) Animal Facility



Animal Care Facility Form

TITLE: Receiving & Tracking Controlled Substances

Document No.:904.01.frm

Effective Date: \_\_\_\_\_

ITEM: \_\_\_\_\_

MI's PER BOTTLE: \_\_\_\_\_

CONCENTRATION: \_\_\_\_\_

SUPPLIER: \_\_\_\_\_

MANUFACTURE: \_\_\_\_\_

Date Received	Lot Number	Container Number	Expiration Date	Date Opened / Transferred to PI	Initials	Date Closed	Initials

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_