



**Animal Care Facility Form**

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**TITLE: Receiving & Tracking Controlled Substances**


**Document No.: 904.02.frm**

**Effective Date: 3/6/13**

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**APPROVED:**  2/19/13 (Attending Veterinarian)

**APPROVED:**  2/19/13 (Facility Manager)

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**Summary of Changes to this Document:**

Rev 2 (02/19/13): Added additional columns for Vendor, Order number and date and Invoice number.

**Distribution:**  
(1) Animal Facility

