



Animal Care Facility Form

TITLE: Controlled Substance Use Form

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ORIGINATOR: Horatiu V. Vinerean

APPROVED: [Signature] (Attending Veterinarian)

Summary of Changes to this Document:

Distribution:
(1) Animal Facility



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Effective Date: 10/22/2012

BOTTLE NUMBER _____

EXP DATE _____

DATE RETURNED _____

DEPARTMENT _____

RELEASED BY _____

NOTE:

****RETURN THE EMPTY BOTTLE AND THIS FORM COMPLETED IN FULL TO THE FACILITY MANAGER**

Reviewed by: _____ Date: _____