

## **Animal Care Facility Form**

TITLE: Controlled Substance Use Form	Document No.:912.01.frm Effective Date: 19/22/2012	
ORIGINATOR: Horatiu V. Vin	erean	
APPROVED:	fm	(Attending Veterinarian)
Summary of Changes to this Document:		

Distribution:

(1) Animal Facility



## **Animal Care Facility Form**

Page 2 of 2

TITLE: Co	ntrolled Substance Use Form			t No.: <u>912.01.frm</u> Date: <u>し</u> りょんしつし	
NAME OF CONTROLLED SUBSTANCE			EXP DATE  DATE RETURNED  DEPARTMENT	BOTTLE NUMBER	
DATE	PATIENT/ ANIMAL ID	DOSAGE	BALANCE	INITIALS	
				200000000000000000000000000000000000000	
** <u>RETU</u>	ROLLED DRUG NEEDS TO BE KEP	S FORM COMPLETED IN FULL T			
Please ι	use additional pages if space is ne	eaea			
Reviewed	by:	Date:			