Drug Name _____
(for mixture, give the amounts under concentration/dose)
Initial (start) volume _____

Controlled substance: Yes / No

Schedule: I II III IV V

Concentration, dose & route
(for mixture, include dose of each)
_____

Expiration date _____

- Highlighted areas required for controlled drugs
- Initials are for controlled drug use and waste

Date	Protocol # & Species	Animal ID/ Group ID	# in group	Total Volume Injected (ml)	Amount Waste (ml)	Amount Left in Bottle	Initials	Toe Pinch	Procedure & Notes

Date Implemented: 9/2015 (reviewed and endorsed by DLAM Veterinarians)

Revised 6/2016