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	
(for mixture, use the first expiration date)								- Initials are for controlled drug use and waste	
Date		Animal ID/ Group ID		Total Volume Injected (ml)	Amount Waste (ml)	Amount Left in Bottle	Initials	Toe Pinch	Procedure & Notes
Date Implemented: 9/2015 (reviewed and endorsed by DCM Veterinarians) *Double initials are required when bottle Revised 5/20									

is empty (zero balance) and when waste

Revised 5/2023

is disposed