

Team Doctor:

Team Leader:

Date:

Start:

Page #

Dog Name	Vax.	Sex	Age	Kgs	ID #	Test	Dr.	Sx. Info.	Drug Info	ACE*	MOR/HYD*	KET*	DIAZ/ MIDAZ*	MEL*	PO MEL	Other
1)									Lot # Bottle # Amt. Used Waste							
Patient Info:																
2)									Lot # Bottle # Amt. Used Waste							
Patient Info:																
3)									Lot # Bottle # Amt. Used Waste							
Patient Info:																
4)									Lot # Bottle # Amt. Used Waste							
Patient Info:																
5)									Lot # Bottle # Amt. Used Waste							
Patient Info:																
6)									Lot # Bottle # Amt. Used Waste							
Patient Info:																
7)									Lot # Bottle # Amt. Used Waste							
Patient Info:																
8)									Lot # Bottle # Amt. Used Waste							
Patient Info:																
9)									Lot # Bottle # Amt. Used Waste							
Patient Info:																
10)									Lot # Bottle # Amt. Used Waste							
Patient Info:																
Start Time:	Stop Time:							Remaining Total								

* All drug doses in mL