

LABORATORY ANIMAL MEDICATED DOSING AUTHORIZATION/REQUEST

Veterinarian Name: _____ License #: _____

Company/Institution: _____

Department: _____

Address: _____
STREET CITY STATE ZIP

Veterinarian's Phone: (____) ____-____ Fax: (____) ____-____

Email: _____@_____.

Medication Requested/Authorized: _____

Medication to be supplied by authorizing/requesting veterinarian.

Add to Feed/Diet (product number & description): Purina 5001 Rodent Chow

OTHER

Add to Diet at Concentration of: _____ ppm (parts per million)

Quantity of Medicated Diet Ordered: _____ kg

Species & Strain of Animals to be treated: _____

Instructions for use, including duration:

This product will be used exclusively in laboratory animal research to be conducted only under the supervision of a licensed veterinarian and in strict compliance with all federal, state, and local statutes, rules, and regulations, including without limitation the applicable provisions of the Federal Food, Drug, and Cosmetic Act, as amended, and the regulations under the Act.

Veterinarian's Signature: _____ Date: _____