Appendix 49(b)/02 Issued By: Celine OøKennedy Issue Date: 24.11.11

Veterinary Permission Request Form Refer to section 4.10, 4.09.03 (Mineral & Vitamin Supplementation) & Advisory Section Part 3 Appendix 1

Producer's Name and Address:

 $\tilde{0}\ \tilde{0}\ \tilde{0}$

 $\tilde{0}\ \tilde{0}\ \tilde{0}$

Licence Number:

DEROGATION REQUEST DETAILS

Specify the tag numbers or group of animals that need to be treated.

REASONS FOR REQUEST TO USE OF VETERINARY TREATMENTS

This section must be completed by your veterinary surgeon

Veterinary Comments:

Numbers, age and type of animals treated:

Duration of Treatment

Product used Brand name and manufacturerøs name _

Withdrawal times to be observed

Signed:

Date:

Veterinary stamp:

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N.B. <u>Record Keeping</u>

The following records must be kept by you:

- i) Numbers, age and type of animals treated;
- ii) Be able to identify animals treated;
- iii) Duration of treatment;
- iv) Brand name and manufacturer of drug and
- v) Withdrawal times observed.

Withdrawal Periods

Withdrawal periods between administering a veterinary medicinal product and using products from the animals shall be at least **double** those defined by the product licence or the prescribing veterinary surgeon. Any treated animal must be individually identifiable during the drug withdrawal period. Withdrawal period for mastitis control must be **3 times** the legal withdrawal period.

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