

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:

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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

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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 manufacturer's name _____

Withdrawal times to be observed _____

Signed:

Date

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N.B. Record Keeping

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.

IOFGA
Main Street
Newtownforbes
Co Longford

Office use:

Approved/Not approved by: **Date:**

Producer Notified: YES / NO **Date:**..... **Original on Producer's File:** YES / NO

Copied to Veterinary Derogation File: YES / NO