RECORD OF CONTROLLED SUBSTANCES – DISPENSED

CONTROLLED SUBSTANCE: _____ FORM: _____ STRENGTH: _____

DATE	LAST NAME	PATIENT NAME	BOTTLE ID #	DOCTOR	PREV. BALANCE	AMOUNT DISP.	NEW BALANCE	INITIALS

Drug Concentration:	**Amount:**	**Bottle ID:**
Expiration Date:	**Lot #:**	**Invoice #:**
Manufacturer:	**Opening Date:**	**Ending Date:**

DATE	PATIENT NAME	AMOUNT USED	AMOUNT REMAINING	DOCTOR

TOTAL: _____

Veterinary Controlled Drug Disposition Record

Drug_____ Schedule_____ Form _____ Strength_____ Size_____

Date	Pet Name	Name and Address of Owner/Client ID	Species	Authorized Signature	Initial Amount	Amount Used	Balance On Hand	Wastage

Controlled Substance Daily Use Log

* In the last column, please indicate N for a new bottle, C for a current bottle, or E for a bottle that is now empty

Date	Drug	Bottle #	Patient	Species	Dr/Tech	Amount	N/C/E

Veterinary Controlled Drug Disposition Record
(DEA Log)

Name of Drug _____ Schedule _____ Form _____ Strength _____

Date	Client Name and Address or ID#	Pet Name	Species	Ordered By	Entered By	Amount Administered or Dispensed	Wastage	Balance on Hand
	Initial Amount or Amount Carried Forward					0	0	

Remember to log in new purchases

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Surgery/Anesthesia Log

Presurgical Assesment
1. Minimal Risk
2. Slight Risk
3. Moderate Risk
4. High Risk
5. Grave Risk

Date	Patient	Species	Sex	Weight	Procedure	Pre-Med	Induction	Post (pain)	Risk	Tech	Dr	Sx Time