



FORM A - VETERINARY ON-FARM DRUG AND TREATMENT REGISTER

| NAMIBIAN | I OIGHIII IZII | JA CALL CALL | · IIIIIIII | te Gimib Titelii | IVERI I | |
|------------------------------------|------------------------------|-------------------------|---|---|-----------------------------|----------------------|
| DATE OF TREATMENT (DD/MM/YY) | NAME OF DRUG OR TREATMENT | REASON FOR TREATMENT | NUMBER AND SPECIES OF ANIMALS TREATED | IDENTITY OF ANIMALS TREATED (SB CODE, EAR TAG NUMBER OR LOT IDENTIFICATION) | WITHDRAWAL PERIOD (DAYS) | ADMINISTERING PERSON |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | 1 | 1 | 1 | 1 | I. | |

| 07.017.1EV.DE 0E 11.77.1.17.77.17.17.17.17.17.17.17.17.17 | D 1888 |
|---|--------|
| SIGNATURE OF ANIMAL HEALTH INSPECTOR: | DATE: |



| FANMEAT NUMBER: |
|-----------------|
|-----------------|

FORM B - FEED AND LICK REGISTER

| FEED OR LICK (REGISTERED NAME OR, IF ON-FARM MIXTURE, COMPOSITION) | NUMBER AND SPECIES OF ANIMALS FED | IDENTITY OF ANIMALS TREATED (SB CODE, EAR TAG NUMBER OR LOT IDENTIFICATION) | PERIOD FROM | PERIOD TO | TOTAL QUANTITY OF FEED OR LICK |
|--|--------------------------------------|---|-------------|-----------|-----------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| SIGNATURE OF ANIMAL HEALT | ГН INSPECTOR: | DATE: | | | |



|--|

FORM C - EMPLOYEE TRAINING

| DATE OF TRAINING (DD/MM/YY) | NAMES OF EMPLOYEE(S) ATTENDING TRAINING | NATURE OF TRAINING (EG.COURSE OR WORKSHOP) | TRAINING GIVEN BY (EG. PRODUCER, ORGANISATION, COMPANY) | TOPIC(S) OF TRAINING |
|--------------------------------|---|--|---|----------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | 1 | | | |

SIGNATURE OF ANIMAL HEALTH INSPECTOR: _____ DATE: _____