Distribution detail of Anesthetics/Sedatives (previous consignment) **Proforma Invoice No. (previous consignment)…….**

Proprietary Name		**Strength**	
Generic Name/s		**Route Of Adminsitration**	
Pack Size		**Species Indicated**	
Importer		**Manufacturer**	

Date Imported	Date issued	**Information of Distributor**			Pack Size	Quantity issued	Species	**Information of the used veterinarian**		
		Name	Address	Contact TP No				Name	VCSL Reg No	Contact TP No

I certify that the above stated information is true and correct

……..

Signature of consultant veterinarian

Date

……..