

Team Doctor:

Team Leader:

Date:

Start:

Page #

Cat Name	Vax.	Sex	Age	Kgs	ID #	ET	Test	Dr.	Sx. Info.	Drug Info	TTDex*	MEL *	Other	Charges
1)										Lot #				
Patient Info:										Bottle #				
										Amt. Used				
										Waste				
2)										Lot #				
Patient Info:										Bottle #				
										Amt. Used				
										Waste				
3)										Lot #				
Patient Info:										Bottle #				
										Amt. Used				
										Waste				
4)										Lot #				
Patient Info:										Bottle #				
										Amt. Used				
										Waste				
5)										Lot #				
Patient Info:										Bottle #				
										Amt. Used				
										Waste				
6)										Lot #				
Patient Info:										Bottle #				
										Amt. Used				
										Waste				
7)										Lot #				
Patient Info:										Bottle #				
										Amt. Used				
										Waste				
8)										Lot #				
Patient Info:										Bottle #				
										Amt. Used				
										Waste				
9)										Lot #				
Patient Info:										Bottle #				
										Amt. Used				
										Waste				
10)										Lot #				
Patient Info:										Bottle #				
										Amt. Used				
										Waste				
Start Time:	Stop Time:				Remaining Total									

* All drug doses in mL