

## GUIDELINE 6

# SUPPLY AND USE OF DRUGS, SCHEDULED DRUGS AND OTHER MEDICATIONS IN VETERINARY PRACTICE

Registered veterinary practitioners should ensure they are familiar with the contents of this Guideline. The Board considers this Guideline to be the minimum standard expected from a registered veterinary practitioner exercising reasonable skill and care in the course of providing treatment to animals.

Practitioners should read this Guideline in conjunction with the Definitions listed in the introductory pages. NB “practitioner” and “veterinarian” in the context of this Guideline means a registered veterinary practitioner whether working in veterinary clinical practice or otherwise.

### 6.1 PREAMBLE

Practitioners may use, dispense and administer drugs and medications to animals under their care for the prevention, treatment, diagnosis, or relief of a disease, condition, infestation or injury, or for modifying the physiology or behaviour of the animal. The use of some drugs is regulated, but regardless of whether they are regulated or not when dispensing drugs or medication in the course of treating an animal under their care, the Board considers that the practitioner has a professional responsibility to uphold the principles of *Total Professional Service*, where applicable, so as to ensure appropriate, safe and effective use of the medication in the animal.

The legislation regulating the administration, use, storage and record keeping requirements is complex, as outlined in the figure below, and can be divided into Commonwealth and State legislation. It is the responsibility of practitioners to familiarize themselves with this legislative framework and the details contained within it, and to keep up to date with changes that occur.

In brief, from a veterinary perspective, Commonwealth legislation is concerned with:

- ensuring conformity amongst States and Territories;
- human product licencing (the Therapeutic Goods Administration)
- publication of a schedule categorising drugs (the Uniform Schedule of Drugs and Poisons (USDP));
- veterinary drug licencing (the Australian Pesticides and Veterinary Medicines Authority (APVMA));
- maintenance of the APVMA Register.

State legislation makes provision for:

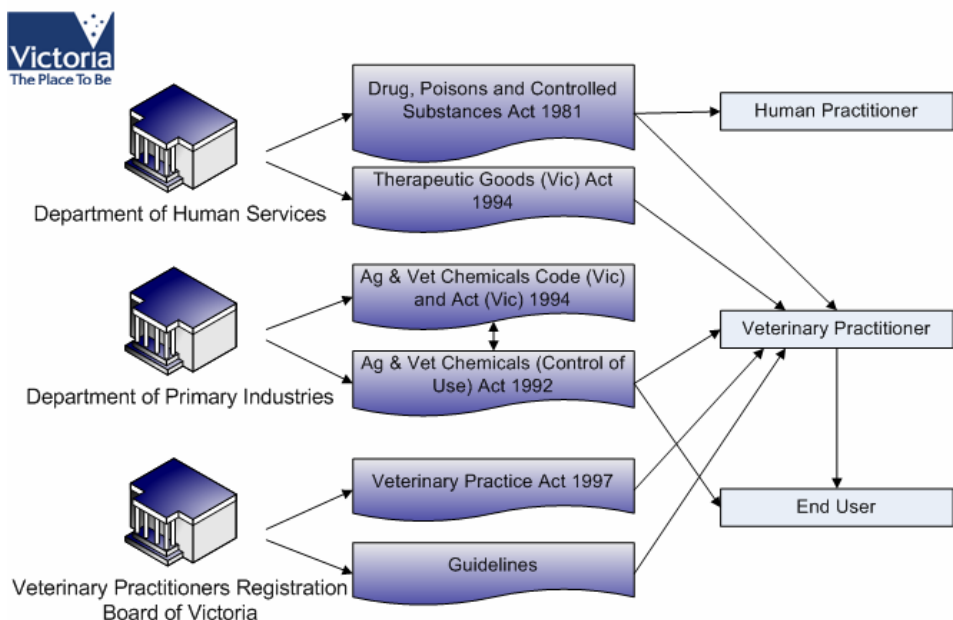
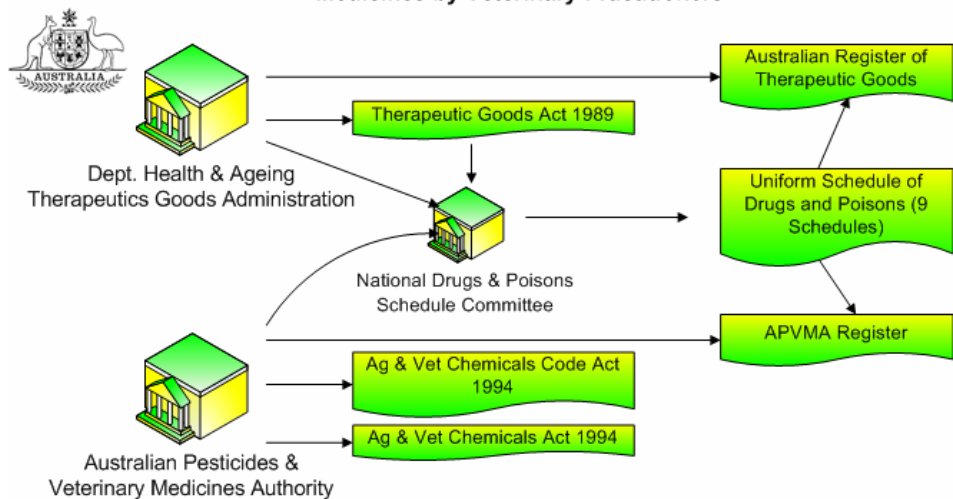
- the registration of veterinary practitioners;
- recognition of Commonwealth legislation and bodies regulating drugs;
- authorising registered veterinary practitioners to access, use and supply drugs provided requirements relating to labeling, storage and records are met, particularly for Schedule 4 and 8 drugs (primarily through the Drugs, Poisons and Controlled Substances Act (DPCS) Act 1981);
- regulating the illicit production, distribution and use of drugs of dependence (classified into a Schedule 11 comprising all USDP Schedule 8 and some Schedule 4 drugs).

- additional requirements to be met by practitioners administering drugs to livestock, to mitigate the risks to human health and trade of chemical residues in livestock products.

The Board considers that breaches of the relevant legislation could constitute Unprofessional Conduct.

To further assist them in understanding their obligations practitioners may access information prepared by the Drugs & Poisons Regulation Group of the Department of Human Services (DHS) at: [www.health.vic.gov.au/dpu/downloads/reqvet.pdf](http://www.health.vic.gov.au/dpu/downloads/reqvet.pdf) and by the Department of Primary Industries at [www.dpi.vic.gov.au/chemicalstandards](http://www.dpi.vic.gov.au/chemicalstandards)

### Commonwealth and State Organisations and Legislation Influencing Use of Prescription Medicines by Veterinary Practitioners



## 6.2 DEFINITIONS

- 6.2.1 **Dispensing** – is the act of making drugs ready for supply to a client, and the sale or giving of those drugs to the client. It includes the acts of labelling and recording. The responsibility for dispensing cannot be delegated to a veterinary nurse or other employee.
- 6.2.2 **Drug** – for the purpose of this guideline any substance or mixture of substances which the veterinary practitioner recommends, supplies or uses for administration to an animal for prevention, treatment, diagnosis, or relief of a disease, condition, infestation or injury, or for modifying the physiology or behaviour of the animal. It includes vitamins, minerals and additives when used for any of these purposes.
- 6.2.3 **Prescribing** – is the act of writing a prescription for a client to have filled by a registered pharmacist.
- 6.2.4 **Retailing** – sale by retail in an open shop is limited to Schedule 5 and 6 and some Schedule 7 drugs, in the original unopened package as supplied by the manufacturer.
- 6.2.5 **Scheduled drugs** – refers to those drugs which the veterinary practitioner is entitled to hold, use and supply, including Schedule 4 (Prescription Animal Remedy or Prescription Only Medicine) and Schedule 8 (Controlled Drugs).
- 6.2.6 **Unregistered use** – use of a drug preparation that is not registered by the APVMA, e.g. any preparation produced for the human market. Note that with production animals, such use is permitted only for individual animals and not on a herd or flock basis.
- 6.2.7 **Off-label use** – is the use of a drug preparation registered by the APVMA not in accordance with the label. Check the product label to verify that the use is not specifically prohibited.
- 6.2.8 **Self-administration** – A veterinary practitioner is not authorised to obtain drugs for personal use or for use by any other person (e.g. spouse, or employees). See the Frequently Asked Question for further detail.
- 6.2.9 **Wholesaling** – the selling to other authorized persons for the purposes of on-trading, which is prohibited unless the appropriate licence is held. This includes a practitioner filling another's written prescription when the animal is not under their care.

## 6.3 TOTAL PROFESSIONAL SERVICE

The supply, prescribing and dispensing of scheduled drugs is a professional service provided by veterinary practitioners. To assist practitioners to comply with the legal requirements which apply to proper provision of this service, the Board has devised the principles of *Total Professional Service* as the set of standards which should be applied to the use, supply, prescribing or dispensing of any drugs or medications in the treatment of animals.

In providing Total Professional Service, all the following criteria should be considered and met:

- i) Is this client a bona fide client?
- ii) Is there a therapeutic need for this drug or medication?
- iii) Is this animal/herd under my care?
- iv) Has the legislation regarding storage and handling been followed?
- v) Do I have documentation/records for the above?
- vi) Do I have a system of follow-up to determine whether the expected outcomes from use of this drug or medication are achieved?
- vii) Am I in a position to provide after-care for this animal if needed?
- viii) Am I confident that my client understands all instructions (for use and for withholding periods as appears on the label) and will use the drugs or medications properly?
- ix) Is the amount I intend to dispense reasonable?
- x) Is the dispensing in the best interests of the animal/herd?

### 6.3.1 Bona Fide Client

The practitioner should know the client and hold clinical records relating to the client's animals; they should be familiar with the current management and health status of the client's animals. In the case of a new client, the practitioner should personally familiarise themselves with the client and their animal or herd (by establishing the clinical history and performing appropriate clinical examinations), and commence keeping appropriate records, prior to dispensing drugs. This includes holiday-makers and other one-off clients.

### 6.3.2 Therapeutic Need

The practitioner supplying the drugs is required to take all reasonable steps to establish the therapeutic need, including clinical justification and documentation of that need. This includes consideration of the issues of bona fide client, withholding periods, residues and advice notices with appropriate labelling, which need to be addressed in each individual case with knowledge about the client, their ability and husbandry practices.

### 6.3.3 Under My Care

Before an animal or herd could be considered in a professional context to be under a practitioner's care, the following conditions should be met:

- (a) the practitioner should have been given responsibility for the health of the animal or herd in question by the owner or the owner's agent; and
- (b) the care of the animal or herd by the practitioner should be real and not merely nominal (i.e. there must be evidence of personally having contact with the animal/herd for diagnosis and treatment and of assuming responsibility for the diagnosis, treatment and outcome); and
- (c) the practitioner must have a thorough knowledge of the current health and treatment status of the animal or herd by having:
  - (i) seen the animal or herd for the purpose of diagnosis and establishing a therapeutic need immediately prior to dispensing a drug, or;

- (ii) visited the farm or other premises where the animal or herd is kept sufficiently often and recently enough to have acquired from, personal knowledge and inspection, an accurate picture of the current health state on that premises sufficient to enable the making of a diagnosis and to establish a therapeutic need.

#### 6.3.4 Storage and Handling

Requirements pertaining to the storage of Schedule 4 and 8 drugs, including greater security for the latter, can be found in the DPCS Regulations. Practitioners must meet these requirements at all times, and may be audited by DHS.

There are specific requirements with respect to Schedule 8 drugs, including their destruction, in the DPCS Regulations.

A practitioner can leave Schedule 4 drugs with a responsible veterinary nurse or assistant to provide, or deliver to, a client provided the drug has been properly dispensed and labelled.

#### 6.3.5 Documentation, Records, Labelling and Dispensing Requirements

The following table outlines the requirements as at 1 January 2009. Adequate clinical records (see also Guideline 11 – Veterinary Medical Records) are required to justify diagnosis, therapeutic need and that the animals are under the practitioner's care, and should indicate that the practitioner has authorized the dispensed drugs. This includes the outcomes of treatment and any follow up.

Requirements for Drug Use	Record Keeping Requirements	Labelling/Dispensing Requirements
General requirements for S4 and S8 drugs	<p>The following details are to be recorded as soon as practicable after the transaction:</p> <ul style="list-style-type: none"> <li>(i) the date of transaction; and</li> <li>(ii) the name, form strength of the drug; and</li> <li>(iii) the name and address of the person to whom the drug is transferred; and</li> <li>(iv) the amount dispensed or used; and</li> <li>(v) the directions for use; and</li> <li>(vi) the length of course dispensed; and,</li> <li>(vii) the name of the prescriber; and</li> </ul> <p>importantly, the grounds for the decision having been made that there is therapeutic need for dispensing or prescribing should also be recorded.</p> <p>Lost or stolen records are to be reported to police and Secretary of the Department of Human Services without delay.</p> <p>Records are to be kept for 3 years</p>	<p>A label must be affixed to the container which states:</p> <ul style="list-style-type: none"> <li>(i) the name of the owner or person having custody of the animal; and</li> <li>(ii) the name or species of the animal; and</li> <li>(iii) the date of supply; and</li> <li>(iv) the name, address and telephone number of your practice; and</li> <li>(v) the name or trade name which unambiguously identifies the drug and its strength and form &amp; quantity (i.e. tablet, capsule, injection etc) of the drug; and</li> <li>(vi) directions for use.</li> </ul> <p>[optional but strongly recommended]</p> <ul style="list-style-type: none"> <li>(i) the words "KEEP OUT OF REACH OF CHILDREN" in capital letters; and</li> <li>(ii) the words "For animal treatment only"</li> </ul>

<p><b>Additional requirements for the use in food production animals of:</b></p> <p>S4 &amp; S8 drugs; unregistered drugs; off-label use of drugs; any veterinary chemical with a withholding period</p>	<p>All records must be made within 24 hours of sale or use of these drugs with the additional details as follows: (i) the species of animal treated or intended to be treated; and (ii) the location of the animal treated or intended to be treated; and (iii) the withholding period (if any) for the product.</p> <p>Records are to be kept for 3 years</p>	<p>If dispensing, a label must be affixed to the container which additionally states (i) the species and type (breed, age, sex) of the animal to be treated; and (ii) the withholding period for that species or, if no such period applies, the statement 'Nil withholding period required'; and</p> <p>If not dispensing for ongoing treatment, an advice note with all the general and additional labelling requirements above must be provided to producer (see the DPI/Board website for a suggested proforma).</p> <p>NB unregistered use only allowed for one animal, not for herd/flock</p>
<p><b>Additional requirements for Schedule 8 Drug Use</b></p>	<p>A separate record book ("Dangerous Drugs Book" or "Drugs of Addiction Register") must be kept, which: (i) records all transactions and shows the true balance of each drug used; (ii) records each drug on a separate page (ideally) and includes the name, address of the supplier and the quantity supplied; the name of the person carrying out each transaction, their usual signature and the quantity used or dispensed. (iii) must be in a form such that records cannot be altered, obliterated, deleted or removed without detection.</p> <p>Records must be made as soon as possible after the transaction.</p> <p>In addition, usual veterinary medical records should be kept in accordance with Guideline 11, as described for Schedule 4 drugs, above.</p> <p>The amount of Schedule 8 drugs dispensed or prescribed should be sufficient only for the immediate clinical circumstance. If a circumstance arises where the practitioner considers it is possible that the animal may require further supply for the condition (e.g. colic in a horse), strong consideration should be given to arranging to revisit the animal or have the animal brought to a facility for close monitoring and medication.</p> <p>The Board considers that there is no legitimate therapeutic reason for dispensing Ketamine in any quantity to any person.</p> <p>Destruction and disposal of Schedule 8 drugs is subject to regulation (DPCS) which includes record requirements, method of destruction and who must be present. This should be another veterinary practitioner.</p>	

### 6.3.6

#### Outcome of Treatment and Follow up

There should be a method of follow-up to determine whether the expected outcome of treatment is achieved, and to review treatment if the expected outcome is not fully achieved. Follow-up is important; it completes the clinical history, ensures appropriate dispensing, alerts the practitioner to any unexpected outcomes or to the appearance of side-effects of the medication, allows for monitoring of a client's drug supplies and for the collection and correct disposal of unused drugs. Above all, it demonstrates the practitioner's concern for animal welfare. Reporting of adverse drug reactions to the manufacturer and to the

APVMA, through the Adverse Experience Reporting Programme for Veterinary Medicines, should be undertaken by the practitioner in any case where an unexpected or adverse reaction to a drug may have occurred.

### **6.3.7 After Care**

It is the responsibility of the practitioner to ensure there is provision made for after care of the animal or herd being treated, and to ensure that any animal welfare concerns or adverse effects of drugs are addressed.

In some cases an animal or herd may be being treated by more than one practitioner (e.g. in a breeding herd where the regular attending practitioner and an unassociated practitioner with a particular interest in reproductive management are both active with the herd). In such cases, after care could take the form of an agreement between the different practitioners to provide specified after care and follow up. Agreement between such practices is sometimes difficult, but all attempts to pursue agreement should be made for the benefit of the client and the animals, and to ensure that each practitioner is in possession of current knowledge about the health and treatment status of the animals.

### **6.3.8 Client Understands All Instructions and Will Use the Drugs Properly**

This is intrinsic to the practitioner's knowledge of the individual client and their husbandry and treatment management knowledge and skills. It is a vital reason for the requirement that dispensing of drugs occur only to bona fide clients. It implies that the practitioner will take care to fully inform the client regarding proper use of the drug, including dosage, route and method of administration, possible side effects and withholding periods or export slaughter intervals.

In the case of drugs which can be dangerous to handle (e.g. prostaglandins and cytotoxics), it may include informing the client of any special restrictions on who is to handle the drug and how it is to be handled. Ancillary handling aids such as latex gloves can be provided with such drugs, and the importance of their use carefully explained. It is imperative in such cases that the practitioner is confident the client will follow the instructions on the dispensing label and understand their importance. It is wise to document any such specific instructions given.

### **6.3.9 Amount Dispensed**

The quantity of drugs dispensed must be commensurate with the therapeutic need. It is the practitioner's responsibility to ensure by way of record keeping that the drugs supplied were all used or would be used for the specific purpose intended.

It is not acceptable to dispense quantities of drugs for a client to have on a "just in case" basis. If a client requests dispensing of drugs for an "anticipated need", it is the responsibility of the practitioner to apply the principles of Total Professional Service and to use (and record the use of) the Dispensing Checklist (see 6.4).

The requirements of after care and follow up are vital in this context, and an agreement should be made with the client for follow up in a reasonable time to monitor the use of the drugs and the outcome of treatment. Consideration should be given to the retrieval of any unused drugs for proper disposal. This is not to imply a refund, rather it is to ensure that clients are not left in possession of indeterminate amounts of unused drugs, which may deteriorate or become out of

date, or which the client may become tempted to use for other (undiagnosed) conditions, and to ensure that all disposal of drugs is performed correctly in accordance with EPA guidelines. Additionally, the responsibility for advising of withholding periods, export slaughter intervals and exact dose of the drug for the specific condition rests with the practitioner for each case in which the drug is used.

### 6.3.10 Interests of the Animal / Herd

It is the practitioner's responsibility to ensure that animal welfare considerations are taken into account when dispensing drugs.

## 6.4 FREQUENTLY ASKED QUESTIONS

### 6.4.1 Can I use drugs for myself, or another, either purchased from a wholesaler or that I have in stock or on order?

No. A veterinary practitioner is not authorised to obtain drugs for personal use or for use by any other person (e.g. spouse, or employees). Self administration of Schedule 4 and Schedule 8 poisons is prohibited unless the drugs have been lawfully prescribed and supplied by a medical practitioner (or dentist) or supplied by a pharmacist upon presentation of a prescription from a medical practitioner (Regulation 48). This does NOT mean that, once prescribed by a medical practitioner, a veterinary practitioner may continue the treatment with drugs that were obtained from a wholesale supplier.

### 6.4.2 What is a bona fide client?

Establishment of a bona fide vet-client relationship is by physically examining the animal or herd immediately prior to dispensing, and commencing the appropriate clinical records and expectations of after-care.

When dealing with a request for dispensing from a client with whom the practitioner does not have a current professional relationship, it is advisable to enquire of the client whether they have a current professional relationship with another veterinary practitioner. Having established the current veterinary provider, the practitioner is then in a position to either refer the client back to the current veterinary provider or establish a current bona fide professional relationship.

Associates and locum tenens working in the practice are acceptable substitutes for the practitioner provided they have unlimited access to the clients records. It is acknowledged that a client may have a bona fide professional relationship with more than one practitioner, or indeed more than one veterinary practice.

### 6.4.3 Who Is Responsible If More Than One Practitioner Is Treating An Animal / Herd?

There must be communication between each of the practitioners to ensure that the herd health and treatment knowledge of the regular responsible practitioner is not compromised. Agreements should be reached as to who provides which specified aftercare. Registered veterinary specialists and referral veterinarians are required to uphold the principles of *Total Professional Service*, are not to treat any conditions other than that for which the animal has been referred, are to communicate details of any treatments prescribed to the referring practitioner, and to work with the referring practitioner to ensure continuity of treatment and aftercare. It would not be considered to be in the animal's best interests for

practitioners to allow a situation to develop where business competition over-rides the need to inform a client's regular veterinary provider of the details of any drugs being used on the animal or herd for which he or she bears usual responsibility

#### **6.4.4 Can a Practitioner use "Off-Label" and Unregistered Drugs?**

Yes, but with limitations. Practitioners are permitted to exercise professional judgement in the "off-label" use or supply of most drugs, giving valuable access to drugs which may be registered for human use, or which have limited registration for veterinary use. However, practitioners need to be acutely aware that authority to have access to such drugs is the subject of concern in society, and that misuse of such drugs may lead to withdrawal of this privilege. Some legal limits have been placed on the "off label" prescribing and unregistered use of drugs by practitioners.

Practitioners assume full responsibility for the use of any drug contrary to the drug's registered usage scheme as reflected on the manufacturer's label. If using drugs in any manner contrary to the manufacturer's label or product insert, it is essential to inform the client of this and the reasons for the choice of drug, and any other options available to the client, and to document the informed consent of the client in the clinical records.

It is important for practitioners treating production animals to understand that regulatory action may be taken by regulatory authorities where illegal residues are detected or occur. When unregistered chemicals are supplied, or registered chemicals are used "off-label", the practitioner is legally responsible if the withholding period specified on the label supplied by the practitioner proves to be inadequate.

The practitioner also assumes full responsibility for use of experimental drugs or those sold under APVMA licence as "permit products". It is imperative that the practitioner adheres to the requirements of the *Total Professional Service* principles when using or supplying these drugs, and does not on-sell these drugs to any person except the client who is the owner or responsible agent for the end user animal patient. These drugs must not be repackaged or relabelled from the manufacturer's specifications; however an additional label as described for Schedule 4 drugs should be affixed by the dispensing practitioner.

#### **6.4.5 With Respect To Drugs, What Can Be Advertised By Practitioners?**

Practitioners are not permitted to include any reference to drugs included in Schedule 3, 4 or 8 of the USDP in any advertisement except in genuine professional or trade journals or other publications intended for circulation only within the veterinary profession or wholesale drug industry.

#### **6.4.6 Are There Any Special Requirements For Practitioners Supplying Drugs To Intensive Livestock Industries?**

Practitioners supplying drugs to the pig, poultry and feedlot industries should adhere to the *Total Professional Service* principles. Those prescribing medicated stock feeds etc need to be aware of the relevant legislation and may be held responsible for residues found in animal products. A useful guide for practitioners is the Code of Use of Antibiotics in the Poultry Industry.

**6.4.7 Are There Any Special Requirements For Practitioners Supplying Drugs For The Treatment Of Racing Animals?**

Dispensing needs to be undertaken with care to ensure that the requirements by racing authorities for animals to race 'drug free' are met. This is taken to include drugs which may not be Scheduled drugs but which are included in the racing authority's list of prohibited substances.

Under the Rules of Racing for most Codes, registered trainers must not have in their possession S4 drugs unless these have been lawfully dispensed by a practitioner. This places an enhanced obligation on practitioners to ensure that any drug dispensed for a racing animal is clearly and properly labelled and quantities supplied should be limited to that required to meet the therapeutic need. Checks of drugs held at racing stables and kennels are undertaken by Stewards.

**6.4.8 Who Is Responsible For Drugs In Veterinary Practices That Are Not Owned By Registered Veterinary Practitioners?**

It is possible for entities who are not registered veterinary practitioners to own veterinary practices. In this case, a nominated practitioner employed by the business is required to purchase and supply scheduled drugs. This practitioner is the "responsible person" and is answerable to the Board for any breaches of professional conduct in relation to the procurement, storage, use or supply of drugs, and also to the law for any breaches of the DPCS legislation or the AVC legislation.

Practitioners employed in practices not owned by practitioners must not allow commercial pressures from non-veterinary business owners to compromise their professional integrity regarding the possession, supply or use of drugs.

**6.4.9 Can a Practitioner Supply Drugs to Persons Other than the Animal Owner?**

The supply of drugs to any person who is not the owner or responsible agent for the animal is not permitted. Accordingly, supply of drugs to a third party where the practitioner has not personally established a therapeutic need for the animal(s) could be considered as wholesaling; this includes filling another practitioner's script. The practitioner who sells or dispenses drugs in such a manner is unacceptably abrogating his or her responsibility to establish and record therapeutic need, to control the dose and frequency of use of the drug, to provide follow up and after care and to ensure correct use of the drug and understanding of its use and contraindications by the end user.

Supply to a person who is a proper "responsible agent" for an animal is acceptable provided the requirements of the *Total Professional Service* principles are applied. Examples of this type of situation would be dispensing to a racehorse trainer, stud manager or boarding kennel proprietor for the treatment of an animal under the care of the practitioner. There is usually a formal agreement between the owner and the responsible agent. This does not abrogate the responsibility of the practitioner to make the diagnosis and establish therapeutic need prior to dispensing.

#### **6.4.10 Must Practitioners Supply Drugs without Payment?**

Without removing the right of the practitioner to ensure that they receive appropriate payment for services and drugs dispensed, it is of concern that some practitioners may inform a client that a drug is necessary for the health or well being of their animal but then refuse to supply that drug because of the client's inability to pay at the time of supply.

The practitioner must hold uppermost in their considerations the duty of care to the animal. This may involve a decision as to whether a recommended drug is immediately necessary (e.g. antibiotic for an infection), or optional (e.g. medicated shampoo). The animal's life or reasonable comfort should not be jeopardised.

Refer also to Guideline 9 (Obligation to Provide Treatment).

#### **6.4.11 What are Schedule 11 drugs?**

State legislation was amended in 1999 with the purpose to reduce the physical and mental harm to the community and to individuals as a result of the illicit importation, production, sale and use of drugs of dependence. Schedule 11 drugs are drugs of dependence and include USDP Schedule 8 and some Schedule 4 drugs, including anabolic and androgenic steroids. The effect of this is to provide for a greater range of law enforcement tools to be used in investigating their misuse, and to provide penalties appropriate to trafficking offences. Very significant penalties apply to the misuse or unlawful supply of Schedule 11 substances.

USDP Schedule 6 anabolics and androgenics (implant preparations of Trenbolone and Testosterone for use in farm animals) have been excluded from Schedule 11.

For a complete list of Schedule 11 drugs consult the DPCS legislation.

## DISPENSING CHECKLIST\*

Prior to dispensing a scheduled drug or medication, have I satisfied all of the following requirements?

- The client is a bona fide client, or a client presenting an animal for examination.
- I have current knowledge of the management, health status and drug status of the animal(s).
- I have established a therapeutic need for the use or supply of this drug or medication.
- I have satisfied myself that the animal or herd is currently under my care.
- I have followed the Drugs, Poisons and Controlled Substances legislation or the Agricultural and Veterinary Chemicals legislation in respect of storage requirements.
- I have followed the Drugs, Poisons and Controlled Substances legislation or the Agricultural and Veterinary Chemicals legislation in respect of labelling requirements.
- I have followed the Drugs, Poisons and Controlled Substances legislation, or the Agricultural and Veterinary Chemicals legislation and Board Guidelines in respect of recording requirements.
- I have a system of follow up in place to determine whether expected outcomes of treatment are achieved.
- I am in a position to provide or arrange after care for this animal if needed, and the client is aware of my position in this respect.
- I am confident the client understands all instructions regarding the use (and, where appropriate, withholding restrictions) of this drug or medication.
- I am confident the client knows how to use the drug or medication properly and safely.
- The amount I am dispensing is reasonable for treatment of the condition for which I have documented the therapeutic need, and is not excessive so as to create a possible inappropriate stockpiling of drug or medication by the client.
- I have considered the welfare of the animal / herd in dispensing this drug or medication.

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\* Supply of this document in laminated form can be obtained by contacting the offices of the Veterinary Practitioners Registration Board of Victoria.