Distribution detail of Anti Antimicrobial- previous consignment **Proforma Invoice No. (previous consignment):……** **……..**

Proprietary Name		**Strength**			**Pack size**	
Generic Name/s		**Route of Administration**			**Indicated Species**	
Importer		**Manufacturer**				

Date Imported	Date issued	**Information of Distributor**			Pack Size	Quantity issued	Species	**Information of the prescribed veterinarian**			**Information of User/Farmer/Farm**			
		Name	Address	Contact TP No				Name	VCSL Reg No	Contact TP No	VS Division	Name	Address	Contact TP No

I certify that the above stated information is true and correct

…….. ……..

Signature of consultant veterinarian Date