

## Qualified Individual Fact Sheet

### Treatment duration

- number of doses
- number of days

### Routes of Administration

- IV = Intravenous
- IM = Intramuscular
- SC = Subcutaneous
- PO = Oral
- IMM = Intramammary
- OU = Both eyes
- OD = Right eye
- OS = Left eye
- IU = Intrauterine
- Top = Topical

### Frequency of Administration

- SID = once daily
- QD = once daily
- Q day = once daily
- BID = twice daily or every 12 hours
- TID = three times daily or every 8 hours
- QID = 4 times daily or every 6 hours

### Other abbreviations

- q = every
- h or hr = hours
- 1ml = 1cc
- PRN = Refill as needed
- NR = No refill

### Websites

CDFA Antibiotic Use and Stewardship:  
<https://www.cdfa.ca.gov/ahfss/aus/>

View package inserts and labeling at Daily Med:  
<https://dailymed.nlm.nih.gov/dailymed/>

FARAD calculator document:  
[http://www.farad.org/publications/vfd/farad\\_vfd\\_calculator.pdf](http://www.farad.org/publications/vfd/farad_vfd_calculator.pdf)

FARAD topic specific pages: [www.usfarad.org](http://www.usfarad.org)

CA Senate Bill 27: <http://www.usfarad.org/ca-sb-27.html>

Drug handling: <http://www.usfarad.org/drug-handling.html>

For pharmacists: <http://www.usfarad.org/for-pharmacists.html>

Routes of administration: <http://www.farad.org/administration-route-abbreviations.html>

CDFA Email: [AUS\\_Regulations@cdfa.ca.gov](mailto:AUS_Regulations@cdfa.ca.gov)



Veterinarians' First & Last Name, DVM
License No. 0000000000
Veterinary Practice Name
Veterinary Practice Street Address, City, State, Zip code
Email Address
Phone: 000-000-0000 · Fax: 000-000-0000
Client Name: First and Last name
Address: Street address, City, State, Zip Code
Patient/ Pet Name/ ID: Individual animal name(s) or ID(s)
Date: Date (Month, Day, Year) prescription is issued.
<b>Rx:</b>
• Drug Brand Name/ Active Ingredient
• Drug Strength/ Concentration
• Quantity of Drug to be Dispensed (volume or quantity)
• Indication
• Administration Instructions: Dose, Administration Route, Frequency of Administration, Treatment Duration or Total Number of Doses.
• Species and/ or production class: eg. beef cattle; non-ruminating dairy calves; laying hens
• Withdrawal time for food product
Refill: NR – 1 – 2 – 3 – 4 – PRN
Dr. _____ Veterinarian's Signature