RESTRICTED LIVESTOCK DRUG SALES LOG

Complete for each restricted livestock drug sold and retain for three (3) years from date of sale (Food and Agricultural Code §14328, 14329 and California Code of Regulations Title 3, §5004)

| PURCHASER NAME | PURCHASER SIGNATURE | | DATE OF SALE |
|---|---|--------------------|---------------------|
| | | | |
| PURCHASER ADDRESS | 1 | | PURCHASER TELEPHONE |
| | | | |
| DRUG/TRADE NAME | | QUANTITY SOLD | LOT NUMBER(S) |
| | | | |
| ROUTE OF ADMINISTRATION | SPECIES (Optional) | | |
| ☐ Injectable ☐ Oral ☐ Topical ☐ Other: | □ Cattle □ Goats □ Horses □ Pou | ıltry □ Sheep □ Sv | vine ☐ Other: |
| PURCHASER NAME | PURCHASER SIGNATURE | | DATE OF SALE |
| PURCHASER NAIVIE | PURCHASER SIGNATURE | | DATE OF SALE |
| PURCHASER ADDRESS | | | DUDOUACED TELEDUONE |
| FUNCTIAGER ADDRESS | | | PURCHASER TELEPHONE |
| DRUG/TRADE NAME | | QUANTITY SOLD | LOT NUMBER(S) |
| DRUG/TRADE NAME | | QUANTITY SOLD | LOT NOWBER(3) |
| ROUTE OF ADMINISTRATION | SPECIES (Optional) | | |
| □ Injectable □ Oral □ Topical □ Other: | ☐ Cattle ☐ Goats ☐ Horses ☐ Pou | ultry □ Sheep □ Sv | vine |
| | | | |
| PURCHASER NAME | PURCHASER SIGNATURE | | DATE OF SALE |
| | | | |
| PURCHASER ADDRESS | | | PURCHASER TELEPHONE |
| | | | |
| DRUG/TRADE NAME | | QUANTITY SOLD | LOT NUMBER(S) |
| | | | |
| ROUTE OF ADMINISTRATION ☐ Injectable ☐ Oral ☐ Topical ☐ Other: | SPECIES (Optional) □ Cattle □ Goats □ Horses □ Pou | ıltrv □ Sheep □ Sv | vine □ Other: |
| | | | |
| PURCHASER NAME PURCHASER SIGNATURE | | DATE OF SALE | |
| | | | |
| PURCHASER ADDRESS | <u>I</u> | | PURCHASER TELEPHONE |
| | | | |
| DRUG/TRADE NAME | | QUANTITY SOLD | LOT NUMBER(S) |
| | | | |
| ROUTE OF ADMINISTRATION | SPECIES (Optional) | | |
| □ Injectable □ Oral □ Topical □ Other: □ Cattle □ Goats □ Horses □ Poultry □ Sheep □ Swine □ Other: | | | |
| PURCHASER NAME PURCHASER SIGNATURE | | | DATE OF SALE |
| | | | |
| PURCHASER ADDRESS | | | PURCHASER TELEPHONE |
| | | | |
| DRUG/TRADE NAME | | QUANTITY SOLD | LOT NUMBER(S) |
| | | | (-) |
| ROUTE OF ADMINISTRATION | SPECIES (Optional) | | |
| □ Injectable □ Oral □ Topical □ Other: □ Cattle □ Goats □ Horses □ Poultry □ Sheep □ Swine □ Other: | | | |
| | | | |
| PURCHASER NAME | PURCHASER SIGNATURE | | DATE OF SALE |
| | | | |
| PURCHASER ADDRESS | | | PURCHASER TELEPHONE |
| | | | |
| DRUG/TRADE NAME | | QUANTITY SOLD | LOT NUMBER(S) |
| | | | |
| ROUTE OF ADMINISTRATION ☐ Injectable ☐ Oral ☐ Topical ☐ Other: | SPECIES (Optional) □ Cattle □ Goats □ Horses □ Pou | ıltrv □ Sheep □ Sv | vine Π Other: |