College of Veterinarians of British Columbia

SAMPLE FORM

CONTROLLED DRUG DISPENSING LOG

Name of Drug:_____ Strength: _____ Bottle/Box #: _____

Size: _____ Type (Tablet/Injectable/Other): _____ DIN #: _____

DATE	CLIENT NAME/ADDRESS	PATIENT NAME	AMOUNT WITHDRAWN	AMOUNT WASTED	AMOUNT REMAINING	VERIFIED BY (2)	