

(Insert Clinic Logo)

The following narcotic medications were altered so that they were unusable *and sent to be incinerated by ____insert service provider____/ incinerated on site.*

1. Drug Name:

Bottle number:

Strength:

Quantity:

Method of alteration: *(Example, dissolved in alcohol, mixed with clay cat litter, etc. See WHMIS sheets to determine appropriate methodology)*

2. Drug Name:

Bottle:

Strength:

Quantity:

Method of alteration: *(Example, dissolved in alcohol, mixed with clay cat litter, etc. See WHMIS sheets to determine appropriate methodology)*

The alteration of these medications was performed on _____.

Signature: _____

Insert Name of Veterinarian altering drugs

Signature: _____

Insert Name of professional witness (Vet, RVT, nurse, etc)