

VI. TICK TREATMENT

SPECIMEN

Manufacturer and name of product

Date¹
Time²

Veterinarian

dd/mm/yy

STAMP &
SIGNATURE

dd/mm/yy

STAMP &
SIGNATURE

dd/mm/yy

STAMP &
SIGNATURE

dd/mm/yy

STAMP &
SIGNATURE

dd/mm/yy

STAMP &
SIGNATURE