**Off Licence Medication Consent Form**

Under UK legislation, where there are no suitable medicines specifically authorised for the treatment of camelids, a medicinal product authorised to be used for the same or similar condition in another species may be used, with your consent.

Owner: ……………………………………………………………
Address: ………………………………………………………….
………………………………………………………………………..
………………………………………………………………………..
………………………………………………………………………..
Post Code: ………………………………………………………

Address where animals kept (if different):
………………………………………………………………………..
………………………………………………………………………..
………………………………………………………………………..
Post Code: ………………………………………………………

Number of animals to be treated: ………………………………………
Species: ………………………………… Breed: …………………………….

Name of product(s) to be used: ……………………………………………………………………………………………………………………

I understand that certain medicines are not licensed for use in camelids, but may be used to treat my animal(s) where there is evidence to do so. The possible side effects and precautions relating to the specific medicines have been/will be discussed with me so that I understand the reasons for their use. I am also aware that there may be unknown side effects associated with the use of these medicines in camelids, and in accepting their use for the treatment of my animal(s) I accept any attendant risk.

Medicines used in animals that enter the food chain (i.e. for human consumption) carry strict withdrawal periods such that residues do not enter food that will be eaten by people. No such withdrawal periods have been established for camelids but there is still a requirement to observe suitable withdrawal periods. I understand that specific advice regarding meat withdrawal period following medicine administration must be sought from the attending veterinary surgeon.

I am over 18 years of age.

\*Owner/Agent Signature: ……………………………………………………………………………………

Relationship to Owner (if agent) ………………………………………………………………………….

Date: ………………………………………….