

## USE OF CATEGORY 1 ANTIBIOTICS

IDENTIFICATION			
OWNER /FARM /SITE:		PRESCRIPTION ID:	
		SPECIES :	
ID OF ANIMAL OR HERD OF ANIMALS TO BE TREATED: (name, n°, category and number)		SEX OF THE ANIMAL:	<input type="checkbox"/> M <input type="checkbox"/> F
DESCRIPTION OF THE ANIMAL: (breed or crossbreed, hair colour, special features, etc.)		AGE OR DATE OF BIRTH:	

### MEDICAL CONDITION

The *Regulation Amending the Regulation respecting the administering of certain medications* prohibits the administration of a Category I: Very High Importance antibiotic for preventive purposes and such administration for curative purposes to an animal intended for human consumption or whose products are intended for human consumption is reserved exclusively for cases where it appears, for instance, after carrying out an antibiogram, that the administration of the medication of a class other than the classes of that category will not allow the treatment of the disease. *Please consult the Regulation for more information on the other conditions of use and on administration to embryonated eggs.*

Given the above Regulation, for each event involving the prescription of Category I antibiotics, the following conditions must be met:

**Please check as appropriate:**

- 1. The Category I antibiotic was prescribed after conducting an appropriate examination of the animal or population of animals and obtaining full knowledge of all the facts.
- 2. The diagnosis was established with great care; the information has been recorded in the file or will be as soon as possible.
- 3. All treatment options considered have been recorded in the file dated:  
No antibiotic from a lower category of medications can be used to treat the condition in this specific case.
- 4. The client has been informed of the restrictions involving the use of Category I antibiotics and of the need to implement appropriate preventive measures whenever possible (vaccination, sanitary conditions, record of colostrum/mammary gland/reproduction/locomotor system, etc.).

### VETERINARIAN ACKNOWLEDGMENT

By signing this form, I assume professional liability and certify that the information provided herein is accurate.

_____ Signature of veterinarian and permit N°	_____ Veterinary establishment	_____ Date
_____ Client signature		_____ Date