Drug Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Schedule #:\_\_\_\_\_\_\_\_ Container ID#:\_\_\_\_\_\_\_\_ Log Continuation Page #:\_\_\_\_\_\_\_\_

*Note: in grey box below, list the amount carried over from previous log sheet.*

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| Date | Amount Used | Balance (unit) | Dispenser’s Printed Name | Reason for Use/Animal Protocol #/Species |
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