# NumOcaine® Dispensing Checklist – Completed by Client

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| --- | --- |
|  | **Tick to agree** |
| NumOcaine is a controlled S4 medication and must only be used on animals under my care and not sold or passed onto other farms.  |  |
| I have a Numnuts® applicator to dispense NumOcaine. I understand that NumOcaine can *only* be administeredusing the Numnuts applicator for its intended purpose of tail docking and castration with rubber rings. |  |
| I have watched the training & instruction videos at <https://numnuts.store/videos/> and understand how to use, maintain, and clean the Numnuts equipment.  |  |
| I am aware of the rare epidural effect occurring in lambs if NumOcaine is forcefully injected into the tail. I understand this to be *temporary* hind limb paralysis and I will keep the lamb safe until it recovers, in about 45 minutes.  |  |
| Needle hygiene and safe disposal of needles is important for animal and human helath and environment. I agree to replace the needles at least every 2 bottles (130 injections) or as soon as they feel blunt. |  |

NumOcaine is a Schedule 4 prescription-only local anaesthetic used to improve welfare of your farmed animals during routine husbandry procedures. There are responsibilities that your veterinarian is sharing with you by providing you with access to this medication.

To keep you, your veterinarian, and your animals safe, please read the following, tick to knowledge that you understand, and then sign below.

**Signed Print Name Date**

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# Vet Record - NumOcaine Supply – Completed by Vet

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| **Date Visited or Telemedicine call**  |  |  |
| **Client Name, Farm Name, Address, phone, email**  |  |
| **Farm Identification Number** |  |
| **Number of Breeding Ewes** |  |
| **Expected Number of lambs** |  |
| **Expected Number of Lambs for** | **Castration** | **Tail docking (ewe +ram)** |
|  |  |
| **Number of NumOcaine Bottles issued (each bottle contains 65 x 1.5ml dose). Two for males, one for female assuming tail dock** |  |
| **Comments /Notes;** **Type of farm? Contractor pused?****Season wet/dry/drought.**  |  |
| **Vet Name, Reg No. Signature** |  |