**Enter the Entity name in ‘Entity details’ box**

Enter Approval number in ‘Entity details’ box

| **Entity details** | |
| --- | --- |
| Name of entity holding the approval: | Enter the Entity name in ‘Entity details’ box |
| Approval number: | Enter Approval number in ‘Entity details’ box |
| Expiry date of approval: | The expiry date of the approval should be updated in the standing order as required following the granting of a new or renewed approval number |
| Date this standing order is made: | Prescriber to enter date in final box ‘Validity and review’ |

| **Veterinary surgeon making this standing order** | |
| --- | --- |
| Name of veterinary surgeon: | Click or tap here to enter text. |
| Qualifications: | BVSc |
| QVSB registration number: | Click or tap here to enter text. |
| Practice Address: | Click or tap here to enter text. |
| Contact (phone and email): | Click or tap here to enter text. |

| **Site/s where this standing order applies** |
| --- |
| A place stated in the general approval (emergency management of animals) number or a place listed on relevant person form submitted in relation to the approval. Enter Approval number in ‘Entity details’ box |
| 1. (if this applies those sites are to be listed here) |
|  |

| **Dealing permitted under this standing order** | |
| --- | --- |
| Dealings permitted: | **This standing order only authorises administration** |
| Mandatory Statements to be included in standing order for a general approval (emergency management of animals): | A person proposing to administer a medicine under this standing order must first attempt to contact the prescriber or another person authorised to prescribe the medicine, before administering  The above mandatory instruction does not apply in relation to:  administration in urgent situations requiring immediate treatment of an animal |

| **Class of persons authorised to perform dealing specified above** | |
| --- | --- |
| Class Name: | a qualified person working for the approval holder under the approval number named in this standing order |
| Minimum qualification and training: | Qualified person means a person who has—  (a) completed a training course approved by the chief executive about the safe administration of medicines to animals; or  (b) skills and knowledge equivalent to the competency the person would achieve by completing the training course mentioned in paragraph (a), as stated in writing by a veterinary surgeon. |

| **Medicine** | | | |
| --- | --- | --- | --- |
| Medicine Name: | **This standing order must only relate to a single medicine** | | |
| Poisons Standard Schedule: | Schedule 4 | | |
| Form: | Click or tap here to enter text. | Strength: | Click or tap here to enter text. |
| Route: | Click or tap here to enter text. | Quantity: | Click or tap here to enter text. |

| **Circumstances when the medicine may be administered** | |
| --- | --- |
| Medical Condition: | Click or tap here to enter text. |
| Recommended dose or dose range: | Click or tap here to enter text. |
| Instructions including the maximum duration for which treatment of the patient is authorised): | Click or tap here to enter text. |

| **Circumstances when the medicine cannot be administered** | |
| --- | --- |
| Specify circumstances: | Click or tap here to enter text. |
| Include any relevant instructions: | Click or tap here to enter text. |

| **Clinical and other information** | |
| --- | --- |
| Reference charts for dose calculation (if required): |  |
| Monitoring requirements (if any): | Click or tap here to enter text. |
| Equipment required: | Click or tap here to enter text. |
| Management procedures required for management of an emergency associated with the use of the medicine: | Click or tap here to enter text. |
| Notes: | Click or tap here to enter text. |

| **Availability to inspect this standing order** |
| --- |
| In accordance with section 108 of the *Medicines and Poisons (Medicines) Regulation 2021*, this standing order is available for inspection at a place to which the order relates by—  (a) any person who may administer or give a treatment dose of a medicine under the order; and  (b) the prescriber’s employer; and  (c) the chief executive (of Queensland Health or delegate); and  (d) an inspector (a person who holds office as an inspector under chapter 5, part 2 of the *Medicines and Poisons Act 2019*); and  (e) a health ombudsman official (an official under the *Health Ombudsman Act 2013*). |

| **Validity and review**  **(prescriber making this standing order to complete)** | |
| --- | --- |
| Date of signing: | Prescriber to enter date in final box ‘Validity and review’ |
| Date of Expiry of the standing order (no later than 2 years after the order is made): | The expiry date of the standing order must not be later than 2 years after the above date of signing |
| Review date (no later than 2 years after the order is made): | The review date of the standing order must not be later than 2 years after the above date of signing |
| Signature (of authorising prescriber): |  |