Daily Treatment Record

Developed by the American Association of Bovine Practitioners

Herd _____ Veterinarian _____

Cow ID	Time of Treatment				Pen	Diagnosis	Treatment Plan				Withdrawal Time		Calculated Withdrawal Period Expires Milk/Meat	Actual Date In Tank	Residue Test		Remarks for example: initials of person treating or testing
	Date	AM	PM	3X			Treatment	Dosage	Route of Admin.	Duration of Treatment	Milk (hrs)	Meat (days)			Date Tested	Test Results	
Sample																	
1234	*4/15/20*	✓			*1*	*Mild Mastitis*	*Oxytocin*	*2cc*	*IM*	*4 Milkings*							*XYZ*
4321	*4/1/20*		✓		*3*	*Mastitis w/ Hard Quarter*	*Pirsue*	*1 tube/ quarter*	*IMM*	*2 days*	*36 hrs*	*9 days*	*AM on 4/3/20 4/10/20*	*4/3/20*	*AM on 4/3/20*	*Negative*	*XYZ*
1428	*4/1/20*	✓			*4*	*Dry treat*	*Tomorrow*	*1 tube/ quarter*	*IMM*	*Once*	*72 hrs*	*42 days*	*AM on 4/4/20*	*5/13/20*			*XYZ*
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