Individual Animal Treatment Record

(review with veterinarian)

Animal Identification _____

Date of Plan Creation _____

Sample

Protocol Number	Diagnosis or Conditions Treated and Signs	Treatment Plan				Withdrawal		Appropriate Antibiotic Screening Test
		Date	Antibiotic or Drug Used	Dose and Route	Length of Treatment	Milk (hrs)	Meat (days)	
1	*Mild Mastitis*		*Oxytocin*	*2cc IM*	*4 Milkings*			
2	*Mastitis w/ hard qtr.*		*Pirsue*	*24 hrs./2 times*	*2 days*	*36*	*9*	*None*
3	*Dry treat*		*Tomorrow*	*1 tube/qtr.*	*Once*	*72*	*42*	*Follow Label*