Individual Animal Treatment Record

(review with veterinarian)

Animal Identification _____

Veterinarian _____

Veterinarian Phone Number _____

Sample

Protocol Number	Diagnosis or Conditions Treated and Signs	Treatment Plan						Withdrawal		Calculated Withdrawal Period Expires		Remarks/Cautionary Statements *Example: initials of person treating or testing*
		Date	Treatment	Dose	Route of Admin.	Frequency of Treatment	Length of Treatment	Milk (hrs)	Meat (days)	Milk	Meat	
1	*Mild Mastitis*	*1/1/20*	*Oxytocin*	*2cc*	*IM*	*every milking*	*4 Milkings*	*0*	*0*			
2	*Mastitis w/ hard qtr.*	*1/2/20*	*Pirsue*	*1 tube/ quarter*	*IMM*	*every 24 hours*	*2 days*	*36*	*9*	*4/3/20 PM*	*4/10/20*	
3	*Dry treat*	*1/3/20*	*Tomorrow*	*1 tube/ quarter*	*IMM*	*once at dry off*	*Once*	*72*	*42*	*4/4/20 PM*	*5/16/20*	

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