

TREATMENT RECORD

Cattle Group _____

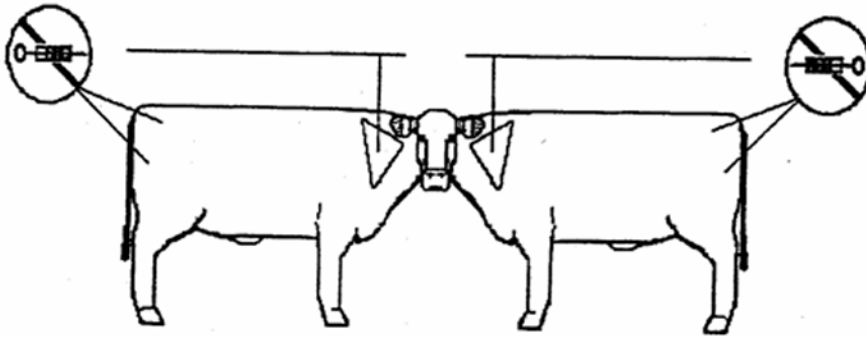
Date _____

Animal ID _____

Date Sick _____

Date returned to group _____

Date Sold _____



All records should be maintained for at least two years.

Date	Temp	Diagnosis	Treatment /Product	Site*	ROA**	Withdrawal	Lot #	Exp Date	Company

* = Location from map

**=Route of Administration

Producer's Name: _____

Address: _____

City/State/Zip: _____ Phone: _____

Comments: _____
