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# TREATMENT RECORD

## INDIVIDUAL ANIMAL HEALTH TREATMENTS

**YEAR :** _____

| DATE (S) | ANIMAL ID | REASON FOR TREATING / PROCEDURE | PRODUCT USED | DOSE | ROUTE | WD |
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**SHIPPING WD CHECK (DATE):** 1/ 2/ 3/ 4/

**SC** = subcutaneous (under skin) **IM** = intramuscular **O** = oral **Top** = topical **IV** = intravenous **IN** = intranasal **WD** = Withdrawal Date
1 ml = 1 cc Conduct visual check of needles after each injection.