

Pen or Herd Animal Health Treatments Year: _____

Date _____ **Group or Pen** _____ **Other** _____

Animal Health Products:

Vaccination _____ Dose and Route _____ Withdrawal Time _____
 Vaccination _____ Dose and Route _____ Withdrawal Time _____
 Parasiticide _____ Dose and Route _____ Withdrawal Time _____
 Antibiotic _____ Dose and Route _____ Withdrawal Time _____
 Other _____ Dose and Route _____ Withdrawal Time _____
 Implant _____ Other Procedures: castration dehorning _____

Shipping WD Check (date): 1. _____ 2. _____ **Comments:**

Optional:

<i>Animal ID</i>	<i>Animal ID</i>	<i>Animal ID</i>	<i>Animal ID</i>	<i>Animal ID</i>

SC = subcutaneous (under skin) IM = intramuscular O = oral Top = topical 1 ml = 1 cc
 Conduct visual check of needles after each injection. WD = withdrawal time