

DAILY Treatment Record

Developed by the American Association of Bovine Practitioners.



**CALF CARE &
QUALITY
ASSURANCE**



Funded by the Beef Checkoff

Herd: _____

Veterinarian: _____

Cow ID	Time of Treatment				Pen	Diagnosis	Treatment Plan				Withdrawal Time		Calculated Withdrawal Period Expires Milk/Meat	Actual Date In Tank	Residue Test		Remarks: <i>Examples: Initials of person treating/testing</i>
	Date	AM	PM	#X			Treatment	Dose	Route	Duration of Treatment	Milk (hrs)	Meat (days)			Date Tested	Test Result	
1234	4/15/21	✓			1	Mild Mastitis	Oxytocin	2cc	IM	4 Milkings							xyz
4321	4/1/21		✓		2	Mastitis w/ hard qtr.	Pirsue	1tube/quarter	IMM	2 days	36 hrs	9 days	AM on 4/3/21 4/10/21	4/3/21	AM on 4/3/21	Negt.	xyz
1428	4/1/21	✓			3	Dry treat	Tomorrow	1tube/quarter	IMM	once	72 hrs	42 days	AM on 4/4/21	5/13/21			xyz

Adapted from the FARM Individual Animal Treatment Record document.