INDIVIDUAL ANIMAL Treatment Record

Animal Identification:	Veterinarian:	Phone:





Review with veterinarian.

Protocol Diagnosis/ Signs Number Conditions Treate	Diagnosis/ Signs/ Conditions Treated	Treatment Plan					Withdrawal		Calculated Withdrawal Period Expires		Remarks/Cautionary Statements	
		Date	Treatment	Dose	Route	Frequency	Length	Milk (hrs)	Meat (days)	Milk	Meat	Examples: Initials of person treating/testing
n 1	Mild Mastitis	1/1/21	Oxytocin	2cc	IM	every milking	4 milkings	0	0			
2 Z	Mastitis w/ hard qtr.	1/2/21	Pirsue	1tube/ quarter	IMM	every 24 hrs	2 days	36	9	4/3/21 PM	4/10/21	
м У 3	Dry treat	1/3/21	Tomorrow	1tube/ quarter	IMM	once at dry off	once	72	42	4/4/21 PM	5/16/21	