

Record 1: Animal Health Product Treatments*

Must Do

Animal or Pen ID	Treatment Date		Reason Treated	Product Name	Prescription (P) or Non-prescription (NP)	Estimated Animal Weight/Number of Animals Treated	Dose	**Route (See Abbreviation Codes below)	Withdrawal Date		Treated by (Initials)
	First Trt	Final Trt							Meat	Milk	
Pen 2	05/02/10		Pneumonia	Drug A	NP	70 kg (8 ewes)	(3cc/45kg*70kg) =4.7 cc/animal	IM	05/16/10	-	JD

**Route Codes: IW – In the water IF – In the feed TT – Topical Treatment (e.g. pour-on) OR – Oral
 SQ – Subcutaneous IM – Intramuscular IV – Intravenous IMM – Intramammary

Note: If a needle breaks in an animal during an injection, record the animal's identification, location of the needle, and date it occurred, in the comments section.

Comments: _____

Auditor's Initials: _____ Audit Date: _____