**Animal Health Treatments – Individual  Year: _____**

| *Date(s)* | *Animal ID* | *Reason for Treating* | *Product Used* | *Dose & Route* | *Withdrawal Time* | *Comments & Initials* |
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| Shipping WD Check<br>Date Initials | Shipping WD Check<br>Date Initials | Shipping WD Check<br>Date Initials | Shipping WD Check<br>Date Initials |
|---|---|---|---|

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