Animal Health Treatments – Individual Year: _____

Date(s)	*Animal ID*	*Reason for Treating*	*Product Used*	*Dose & Route*	*Withdrawal Time*	*Comments*

Shipping WD Check Date	Shipping WD Check Date	Shipping WD Check Date	Shipping WD Check Date

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