Pen or Herd Animal Health Treatments **Year:** _____

Date _____ **Group or Pen** _____ **Other** _____

Animal Health Products:

Vaccination _____ Dose and Route _____ Withdrawal Time _____

Vaccination _____ Dose and Route _____ Withdrawal Time _____

Parasiticide _____ Dose and Route _____ Withdrawal Time _____

Antibiotic _____ Dose and Route _____ Withdrawal Time _____

Other _____ Dose and Route _____ Withdrawal Time_____

Implant _____ Other Procedures: ☐ castration ☐ dehorning ☐ _____

Shipping WD Check (date): 1. _____ 2._____ **Comments:**

_____

_____

Optional:

Animal ID	***Animal ID***	***Animal ID***	***Animal ID***	***Animal ID***

SC = subcutaneous (under skin) IM = intramuscular O = oral Top = topical 1 ml = 1 cc

Conduct visual check of needles after each injection. WD = withdrawal time