

TREATMENT RECORD

To receive full points must mark N/A if no treatment was given PRINT ADDITIONAL PAGES IF NEEDED

Treatment Date/Time	Animal ID Name, species, ID	Condition Being Treated	Estimated Weight (lbs)	Treatment Given (Medication dispensed, Amount and Route)	Instructed Meat/Milk/Egg Withdrawal	Date/Time Withdrawal Complete	If this is an extra label or Rx drug, list the name, phone # of the licensed vet who prescribed or directed the treatment.
July 2-7, 20xx Flush July 8 9:00am	Rhode Island-Cross Broilers	Infectious Synovitis	4.5-5 lbs	Carraamysin-152, 350 mgm/gal in drinking water	5 days	7/13/05 9am	Dr. Jones 419-555-5555
July 2, 20xx 10:00 am	Caprine, N18 – Boer Doe	Lame, right rear foot	65 lbs	Rubracillin 4 ml, IM	48 hours milk 11 days meat	7/13/05 10am (meat)	Dr. Lee 419-555-5555