Animal Health Treatments – Individual Year: _____

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

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