Animal or Pen ID	Treatment Date		Reason Treated	Product Name	Prescription (P) or Non-prescription (NP)	Estimated Animal Weight/Number of Animals Treated	Dose	**Route (See Abbreviation Codes below)	Withdrawal Date		Treated by (Initials)
	First Trt	Final Trt						,	Meat	Milk	
Pen 2	05/0	02/10	Pneumonia Dru	Drug A	NP	70 kg (8 ewes)	(3cc/45kg*70kg) =4.7 cc/animal	IM	05/16/10	-	JD
**Route Code		IW – In the water SQ – Subcutaneous				,		- Oral - Intramammary			
			_	,	ecord the animal's identific	ation, location of the nee	edle, and date it occ	urred, in the com	ments secti	on.	
Comments: _											
Auditor's Initials: Audit Date:											

^{*} Includes medicated feed or water.