GROUP PROCESSING / TREATMENT MAP

Select SQ products when possible. Never give an injection in the rear leg or top butt.

Group:	Date:		ID:	Rt. Ear/ L	_ft Ear:					
Booster/Reprocess Da	Booster/Reprocess Date: Pen/Pasture #:									
Class: S / H / Bulls / Cows Age: Weight: Hd. Processed										
Other Management (√): Castrate Dehorn Other Crew										
Right Left										
Product and Company	Lot or Serial #	Exp. Date	ROA*	Dose	Booster Date	Withdrawal Date				
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
*ROA – Route of Administr	ration									
Comments:										

Gro	up:														
	-					Ma	15	s Medi	cat	ion					
								able, Fee							
				1			ro	up/Pen F	Reco	rd					1
Date Medication					Serial Lot #		22			e Treatment Ended		(Comments		WD*
Dat	- Modification		LOI #	, <u>D</u> 0	36	Dosage		Lilded			Johnnents		****		
*With	draw	al D	ate					_				_			
					Ind			Treatr			or	ď			
	ı		Т					ithin a G							
I.D.	Da	te	Temp.	Diag	nosis	Treatm Produ		/ Serial Lot #		Dosage Given		ROA/ cation	Date of Withdrawa		Proc. Initials
1.1.	Da		remp.	Diag	110313	11041		EGC 7	'	Given	120	cution	vv itilal a vva		Initials
			l												
						Cattle	、 T	[rancf	ar E	Pagar	4				
Nı	ımbe	r				lumber	5	Fransf	ti r	Vecoi	u			W	ithdrawal
	ceive		Date Re	eceive		hipped		Date Ship	ped		S	hipped	То		heck By
							\parallel								
Notes	s:														
	-														
											_			_	
							-								

	(Within a Group) Treatment Serial Dosage ROA Date of Proc.											
I.D.	Date	Temp.	Diagnosis	Treatment/ Product	Serial/ Lot #	Dosage Given	ROA/ Location	Date of Withdrawal	Proc. Initials			

Page____

Group:_____

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Grou	n·	
Olou	ρ.	

Mass Medication In Feed

Group/Pen Record

Date		Amount/	Projected	Projected	Actual	Actual	End of	Withdrawal
Started	Medication	Ton	Intake	Dose/Head	Intake	Dose/Head	Feeding	Date

Notes:		

Cattle Transfer Record

(Group Record)

Group No.	Number Received	Date Received	Number Shipped	Date Shipped	Shipped To	Withdrawal Check By

Cattle Transfer Record

(Individual Record)

Individual I.D. #	Group Of Origin	Date Received	Date Shipped	Shipped To	Withdrawal Check By

Individual Treatment Record

Date	I.D.	Group	Temp.	Diagnosis	Treatment/ Product	Serial/ Lot #	Dosage Given	ROA/ Location	Date of Withdrawal	Proc. Initials	Comments