



PROCESSING/TREATMENT MAP

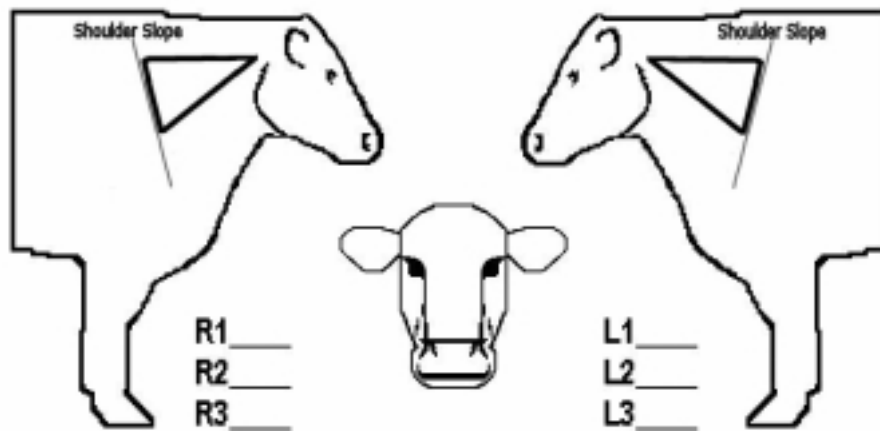
When possible select SQ products, and give all injections in the neck region.

DATE: _____ TIME: _____ No. of Head : _____ Date Weaned: _____

In Weight: (average/variation): _____ Breed: _____ Dehorned Y / N

Sex: S, H, Bulls, mixed Frame Size: S, M, ML, L Air Temperature: _____

ID: Right Ear or Left Ear/ Group Number: _____/Individual _____



Product	Lot or Serial #	Supplier	Route of Admin	Dose	Withdrawal Time (WD)	Crew Initials	Comments

*include implants, external or internal parasites in chart as well.

Owner Signature: _____ Date: _____

Veterinarians Signature: _____ Phone: _____