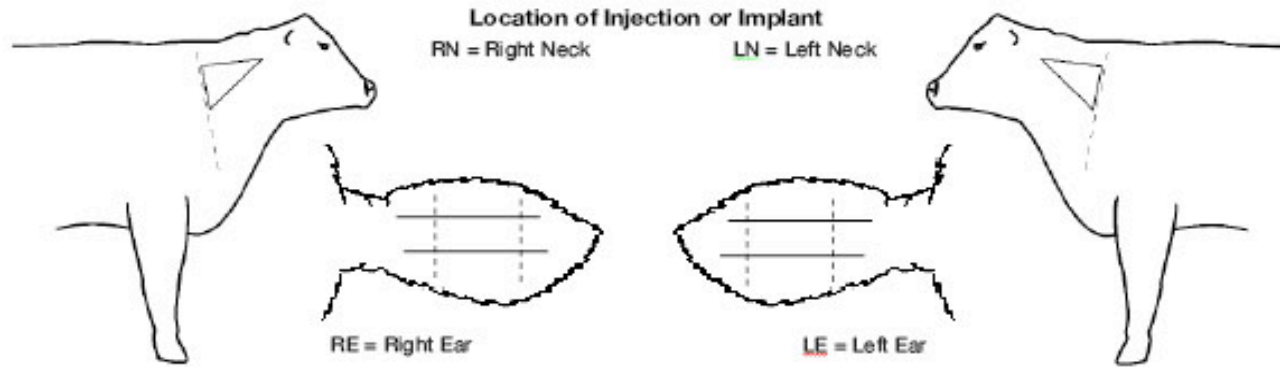


Treatment Record for Individual Cattle

Name of Farm/Ranch _____ Pasture or Group _____ Breed(s) _____

Tag number/ID _____ Steer _____ Heifer _____ Replacement Heifer _____ Cow _____ Bull _____

Birth Date _____ Weaning Date _____ Sale Date _____ Buyer(s) _____



Date of Treatment	Reason for Treatment	Product	Lot Numbers	Route ^a and Location ^b of Administration	Withdrawal Date	Person Giving Treatment

^a SQ (Subcutaneous); IM (Intramuscular); O (Oral).
^b RN (Right Neck); RE (Right Ear); LN (Left Neck); LE (Left Ear). See diagram above.

Keep This Record for 3 Years