R-T TREATMENT RECORD

Name of farm/building identification: _____ PID#: _____

Site Manager: _____ Date: _____
(yy/mm/dd)

INSTRUCTIONS

This record must be completed for all stages of production and for individual, and group treatment.
This record must include treatments administered in water, by injection, topically or orally. Any natural products and homeopathic treatments must also be recorded.

Initials																
Broken Needle? NO ☐ / YES ☐																
Safe Shipping Date																
Withdrawal Period (Days)																
Amount given per animal																
Dosage (HR)																
Product Name																
Weight of Animal(s) Treated																
Number of Animals Treated																
Animal, Pen and Room ID																
Treatment End Date																
Treatment Start Date																

HR = Highly Recommended

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PID#: _____

Treatment Start Date	Treatment End Date	Animal, Pen and Room ID	Number of Animals Treated	Weight of Animal(s) Treated	Product Name	Dosage (HR)	Amount given per animal	Withdrawal Period (Days)	Safe Shipping Date	Broken Needle? YES	Broken Needle? NO	Initials
										☐	☐	

HR = Highly Recommended