

Group Cattle Treatment Record

Name/Ranch name: _____

Address: _____ City: _____

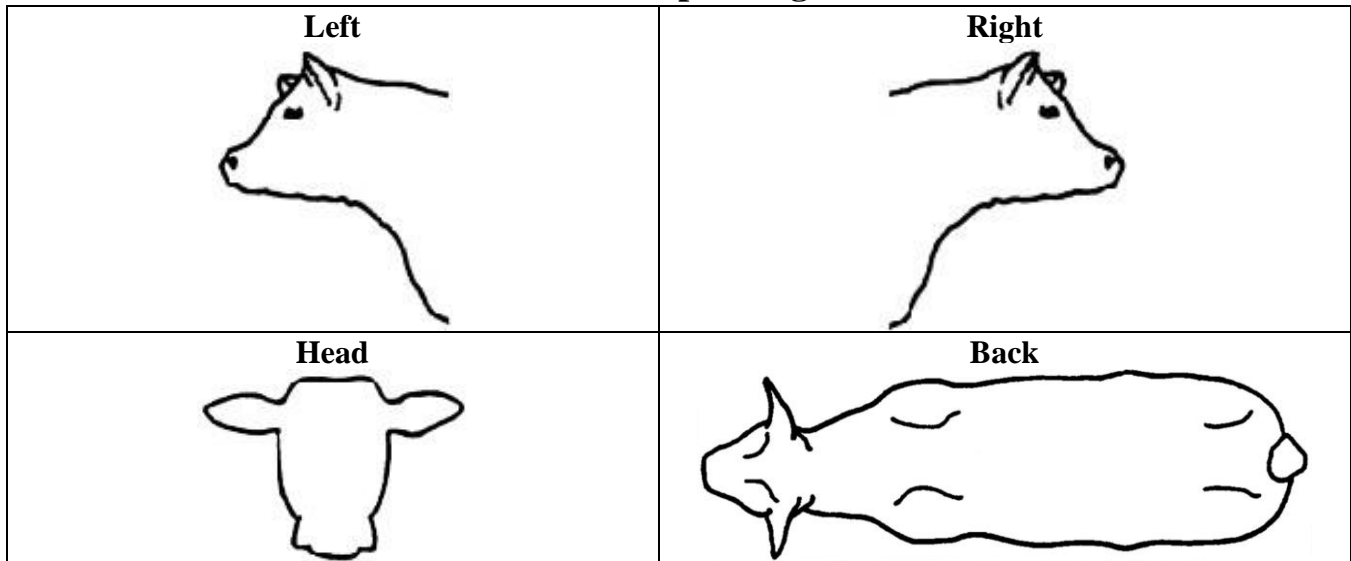
State: _____ ZIP: _____ Phone: _____

Number of Cattle: _____ Description: _____

Identification of animals: _____

Date Administered: _____ Supervisor/Vet Signature: _____

Indicate site of treatment with the corresponding number from the table below



Site #	Treatment	Product	Lot or Serial #	Company	Exp. Date ¹	Dose	ROA. ²	Withdrawal Date
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

1-Expiration Date, 2- ROA=Route of administration: SQ-under skin, IM-muscle, O-oral, PO-pour on, or IN-internasal

Beef Quality Assurance (BQA): All injections administered in the neck, and Sub Q where possible.

Keep this Record for 24 Months after Transfer of Ownership