

# Group Treatment Record

Ranch name: \_\_\_\_\_

Contact person: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

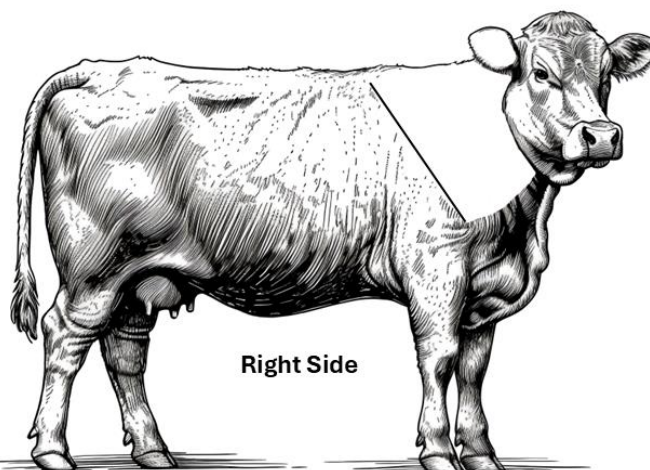
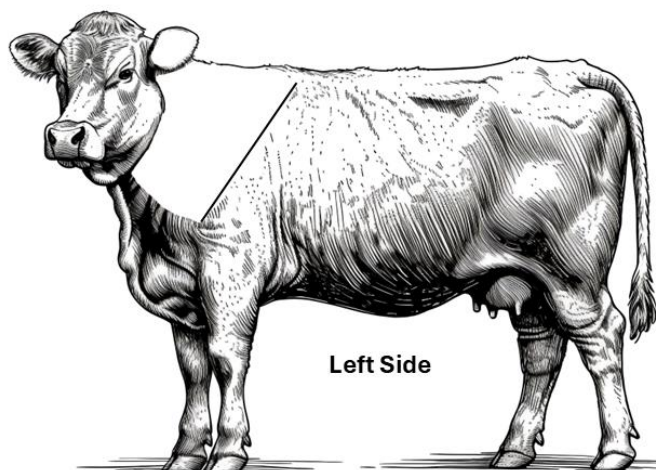
ZIP: \_\_\_\_\_

Number of Cattle: \_\_\_\_\_

Description: \_\_\_\_\_

Identification of animals: \_\_\_\_\_

Processor/Vet Signature: \_\_\_\_\_



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

Date	Site #	Vaccine or Treatment	Product Name	Serial & Lot #s	Company	Exp. Date <sup>1</sup>	Dose	ROA. <sup>2</sup>	Withdraw Date
	1								
	2								
	3								
	4								
	5								
	6								
	7								
	8								
	9								
	10								
	11								
	12								

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 when possible.**

**Keep Record for 24 Months after Transfer of Ownership**