Animal Health Treatments – Individual Year: _____

Date(s)	*Animal ID*	*Reason for Treating*	*Product Used*	*Dose & Route*	*Withdrawal Time*	*Comments & Initials*

Shipping WD Check Date Initials	Shipping WD Check Date Initials	Shipping WD Check Date Initials	Shipping WD Check Date Initials

SC = subcutaneous (under skin) IM = intramuscular O = oral Top = topical 1 ml = 1 cc
Conduct visual check for needles after each injection. WD = withdrawal time

Pen or Herd Animal Health Treatments **Year:** _____

Date _____ **Group or Pen** _____ **Initials** _____

Animal Health Products:

Vaccination _____ Dose and Route _____ Withdrawal Time _____

Vaccination _____ Dose and Route _____ Withdrawal Time _____

Parasiticide _____ Dose and Route _____ Withdrawal Time _____

Antibiotic _____ Dose and Route _____ Withdrawal Time _____

Other _____ Dose and Route _____ Withdrawal Time_____

Implant _____ Other Procedures: ☐ castration ☐ dehorning ☐ _____

Shipping WD Check (date & initials): 1. _____ 2._____ **Comments:**

_____

_____

Optional:

Animal ID	***Animal ID***	***Animal ID***	***Animal ID***	***Animal ID***

SC = subcutaneous (under skin) IM = intramuscular O = oral Top = topical 1 ml = 1 cc

Conduct visual check of needles after each injection. WD = withdrawal time

Record
Broken Needle or Suspected Broken Needle

Farm Name or Owner: _____

Date of Injection: _____ **Animal Identification**: _____
Product Used: _____ Withdrawal Check at Shipping: _____

Describe how animal is permanently identified:

_____

_____

Disposal of Animal: date: _____

___ sold to slaughter plant ___ slaughtered for own use ___ died on farm

___ other: _____

Date information supplied to next owner/buyer: _____

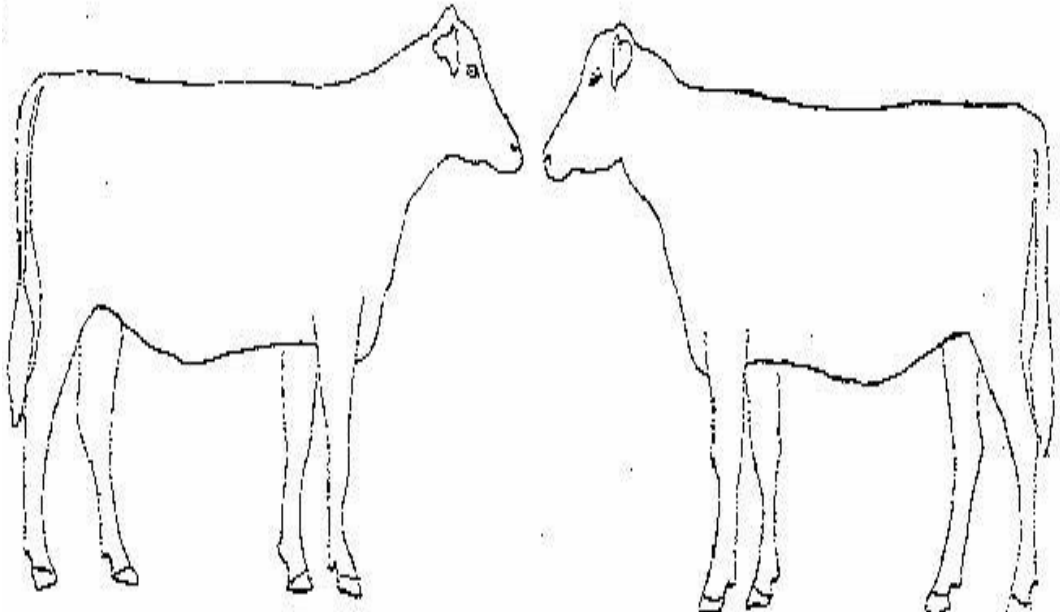
Who was contacted: _____

Person supplying information: _____

Information supplied by (check one or more):

___ phone ____ fax ____ other: _____

Location of broken needle fragment (please mark with an “X”):



Medicated Feed/ Medicated Water Record Year: _____

Date(s)	*Group or Pen*	*Medicated Ingredient*	*No. of Head per Pen or Group*	*Total Amount Fed to Group*	*Withdrawal Time*	*Comments & Initials (W = water)*

This applies to medicated ingredients with a specified withdrawal time period. Note a mixing record is required too. It is recommended, however, that the feeding of medications with a zero withdrawal time is recorded.

Record of Herbicide or Pesticide Use
on Pasture or Hay

Year: _____

Date(s)	***Field Identification or Location***	***Product Used and Rate***	***Amount Applied***	***Acreage***	***"Safe to Harvest" Time Period***	***Comments and Initials of Applicator***
Record required for lands owned or under control of the beef cattle operation for the current year.						

Sold – Purchased – Died RECORD **Year: _____**

	Identification Information Individual or Pen/group				Incoming/ Disposal Information (✓)				Other Information	
Date	Animal ID	CCIA number	Pen ID	No. of Head	Purchase	Died	Sold or Shipped	Withdrawal check (initials)	Purchased From or Sold To	Comments