Bucket/Bottle Animal Treatment Records

Unit Location_____ Name:_____

Date	Animal/Pen ID	Product Name	Amount of Drug given (cc; water)	Route [1]	Remarks/ Initials of who administered	Pre-slaughter withdrawal (Days)	Date Withdrawal Completed	Date and Treatment Results [2]

[1] IM, SQ, IN, Water, Topical

[2] Sold, Recovered, Died