

Animal Treatment Plan (review with veterinarian)

Protocol Number	Diagnosis or Conditions Treated and Signs	Treatment Plan			Withdrawal Time		Comments
		Antibiotic or Drug Used	Dose and Route	Length of Treatment	Milk (hrs)	Meat (days)	

Reviewed by: _____ Date: _____ / Reviewed by: _____ Date: _____

TREATMENT RECORD / DIARIO DE TRATAMIENTO

ID #	DATE OF TREATMENT	PEN OR GROUP NUMBER	TEMP.	CMT		DIAGNOSIS AND TREATMENT (PROTOCOL #)	ANTIBIOTICS OR DRUGS USED	WITHDRAWAL PERIOD EXPIRES MILK/MEAT	DATE IN ACTUAL TANK	INITIALS OF PERSON TREATING		
				LF	RF					DIAGNOSIS Y TRATAMIENTO (# DE PROTOCOLO)	ANTIBIÓTICOS O DROGAS USADAS	PERÍODO DE ESPERA SE VENCE LECHE/CARNE
ID #	FECHA DE TRATAMIENTO	NUMERO DE CORRAL O GRUPO	TEMP.	LR	RR							
					LF RF					AM	PM	3X
					LR RR							
					LF RF					AM	PM	3X
					LR RR							
					LF RF					AM	PM	3X
					LR RR							
					LF RF					AM	PM	3X
					LR RR							
					LF RF					AM	PM	3X
					LR RR							
					LF RF					AM	PM	3X
					LR RR							
					LF RF					AM	PM	3X
					LR RR							
					LF RF					AM	PM	3X
					LR RR							