GROUP PROCESSING / TREATMENT MAP

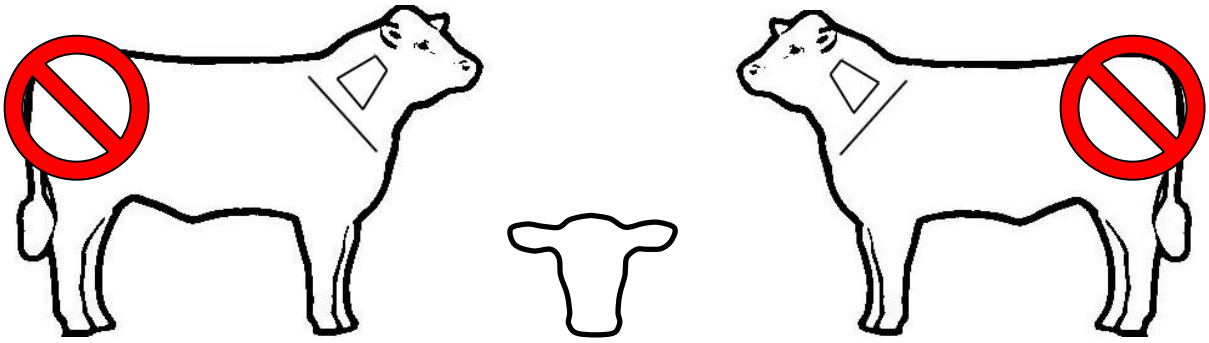
Select SQ products and never
give an injection in the rear leg or top butt.

Group:_____ **Date**:_____ **ID**: Rt. Ear/ Lft Ear: _____

Booster/Reprocess Date:_____ Pen/Pasture #: _____

Class: S / H / Bulls / Cows **Age**:_____ **Weight**:_____ **Hd. Processed** _____

Other Management (√): Castrate___ Dehorn ___ Other _____ **Crew** _____



Right Left

Product and Company	Lot or Serial #	Exp. Date	ROA*	Dose	Booster Date	Withdrawal Date
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

***ROA – Route of Administration**

Comments:

Group:_____

Mass Medication

(Injectable, Feed, Water)

Group/Pen Record

Date	Medication	Serial/ Lot #	Dose	Dosage	Date Treatment Ended	Comments	WD*

***Withdrawal Date**

Individual Treatment Record

(Within a Group)

I.D.	Date	Temp.	Diagnosis	Treatment/ Product	Serial/ Lot #	Dosage Given	ROA/ Location	Date of Withdrawal	Proc. Initials

Cattle Transfer Record

Number Received	Date Received	Number Shipped	Date Shipped	Shipped To	Withdrawal Check By

Notes:

Group:___________ **Page______**

Individual Treatment Record

(Within a Group)

I.D.	Date	Temp.	Diagnosis	Treatment/ Product	Serial/ Lot #	Dosage Given	ROA/ Location	Date of Withdrawal	Proc. Initials

Group:_____

Mass Medication In Feed

Group/Pen Record

Date Started	Medication	Amount/ Ton	Projected Intake	Projected Dose/Head	Actual Intake	Actual Dose/Head	End of Feeding	Withdrawal Date

Notes:

Cattle Transfer Record
(Group Record)

Group No.	Number Received	Date Received	Number Shipped	Date Shipped	Shipped To	Withdrawal Check By

Cattle Transfer Record
(Individual Record)

Individual I.D. #	Group Of Origin	Date Received	Date Shipped	Shipped To	Withdrawal Check By

Individual Treatment Record

Date	I.D.	Group	Temp.	Diagnosis	Treatment/ Product	Serial/ Lot #	Dosage Given	ROA/ Location	Date of Withdrawal	Proc. Initials	Comments