VALLEY VETERINARY CLINIC, SC.

(920) 833-6833 www.vvcvets.com

DAILY TREATMENT RECORD

Herd: _____

COW ID	DATE	DIAGNOSIS/CONDITION TREATED	TREATMENT USED			WITHHOLD TIME		RESIDUE TEST			REMARKS (ie: initials of person treating)	BACKTAG NUMBER
			ANTIBIOTIC/DRUG USED	DOSE AND ROUTE OF ADMINISTRATION	LENGTH OF TREATMENT	MILK hrs	MEAT days	DATE TESTED	TEST RESULT	REQUIRED		
		LF RF LR RR										
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