CQM Livestock Treatment Record

Animal ID ……

Condition/Reason for Treatment ……

Treatment Start Date ……

Product/Protocol …….. Valid Expiry …….

Dosage/Amount …… Route …… Number of Days ……. Times per Day ……

Milk Withdrawal …… (Hrs/Days) Milk Clear Date …… (AM/PM)

Meat Withdrawal …… Meat Clear Date ……. Broken Needle …….

Treatments (Initialed):

			Signature	Add Additional Days of Treatment Below (if Required):
Day 1:	AM ……..	PM ……..	……	
Day 2:	AM ……..	PM ……..	……	
Day 3:	AM ……..	PM ……..	……	
Day 4:	AM ……..	PM ……..	……	
Day 5:	AM ……..	PM ……..	……	Residue Test …….. (NA)

Animal ID ……

Condition/Reason for Treatment ……

Treatment Start Date ……

Product/Protocol …….. Valid Expiry …….

Dosage/Amount …… Route …… Number of Days ……. Times per Day ……

Milk Withdrawal …… (Hrs/Days) Milk Clear Date …… (AM/PM)

Meat Withdrawal …… Meat Clear Date ……. Broken Needle …….

Treatments (Initialed):

			Signature	Add Additional Days of Treatment Below (if Required):
Day 1:	AM ……..	PM ……..	……	
Day 2:	AM ……..	PM ……..	……	
Day 3:	AM ……..	PM ……..	……	
Day 4:	AM ……..	PM ……..	……	
Day 5:	AM ……..	PM ……..	……	Residue Test …….. (NA)