

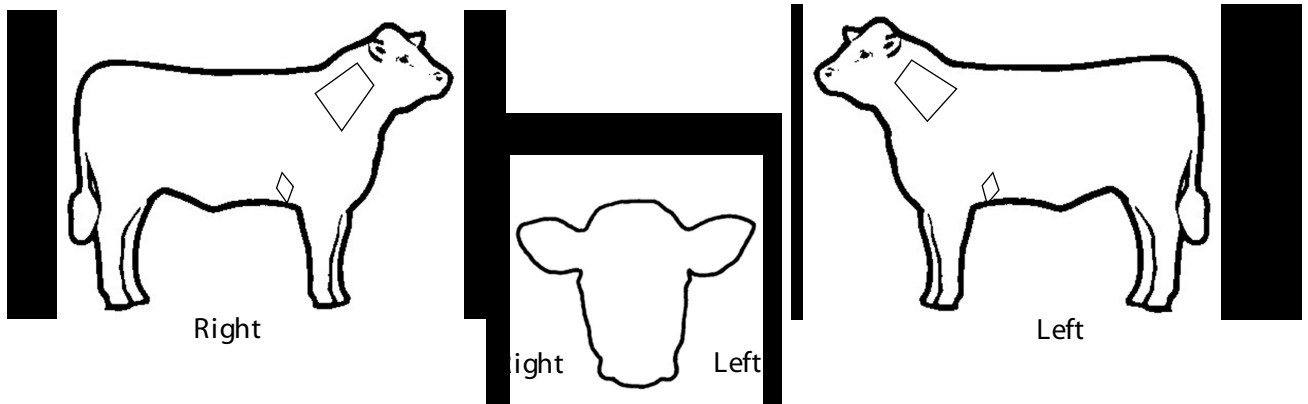
GROUP PROCESSING/TREATMENT MAP

When possible select SQ products and never give injection in the rear leg or top butt.

Date: _____ Time: _____ Number of Head: _____

In Weight (average/variation): _____ / _____ Breed: _____

Sex: S, H, Bulls/mixed ID: Right Ear of Left Ear/Group Number: _____



Product	Lot or Serial#	Company	Withdrawal Date	Route Admin	Dose	Booster Date	Crew Initials
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							