

Animal Treatment Plan

(TO BE FILLED OUT WITH YOUR VETERINARIAN)

Year _____ Veterinarian _____

***NOTE: INACCURATE ESTIMATION OF WEIGHT CAN RESULT IN A DRUG RESIDUE. APPROPRIATE RESOURCES SHOULD BE AVAILABLE TO HELP MEASURE WEIGHT (WEIGHT TAPE, SCALE, ETC...)**

Protocol Number	Diagnosis or Clinical Signs	Treatment Plan: Antibiotic/Drug Used	Treatment Plan: Dose* and Route	Treatment Plan: Length of Treatment	Withdrawal Time: Milk (hrs)	Withdrawal Time: Meat (days)	Screening Test

Last Updated: 3/4/2018

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