

Option 1: Individual Animal Pre-Marketing Checklist

Animal ID: _____ Date: _____

List any treatments this animal had within the past 90 days:

Drug	Route of Admin. (IM, SQ, IM, IMM)	Dose Given (mL)	Date withdrawal period expired

Have all meat withdrawal periods been met? YES NO

Other Factors:

Was the animal in poor health, or not eating or drinking normally within the past 2 months? YES NO

Is the animal able to stand up and walk on its own? YES NO

Does the animal have any injuries, signs of disease? YES NO

Was an extended withhold time, due to poor health, applied? YES NO

If yes, what was new expiration date of the withdrawal period? _____

I have reviewed this animal's treatment history and condition and have determined that this animal is clear to go to slaughter.

Signature

Date

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For Additional Information: Jessica Evanson, DVM, MPH, Drug Residue Consultant
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