



Daily Treatment Record

Developed by the American Association of Bovine Practitioners

Farm Name _____

Veterinarian _____

Veterinarian _____

Phone number _____

Sample

Cow ID	Time of Treatment		Pen	Condition Treated	Treatment Plan					Withdrawal Time		Calculated Withdrawal Period Expires		Actual Date and Time in Tank	Remarks/Cautionary Statements <small>Example: initials of person treating or testing</small>
	Date	Time			Treatment	Dosage	Route of Admin.	Frequency of Treatment	Length of Treatment	Milk (hrs)	Meat (days)	Milk	Meat		
1234	4/15/20	8:00 AM	1	Mild Mastitis	Oxytocin	2cc	IM	every milking	4 Milkings	0 hrs	0 days				
4321	4/1/20	11:00 AM	3	Mastitis w/ Hard Quarter	Pirsue	1 tube/quarter	IMM	every 24 hrs	2 days	36 hrs	9 days	4/3/20 PM	4/10/20	AM on 4/5/20	
1428	4/1/20	1:45 PM	4	Dry treat	Tomorrow	1 tube/quarter	IMM	once at dry off	Once	72 hrs	42 days	4/4/20 PM	5/16/20	AM on 5/17/20	