

BQA 2. INDIVIDUAL TREATMENT RECORD

Animal ID _____

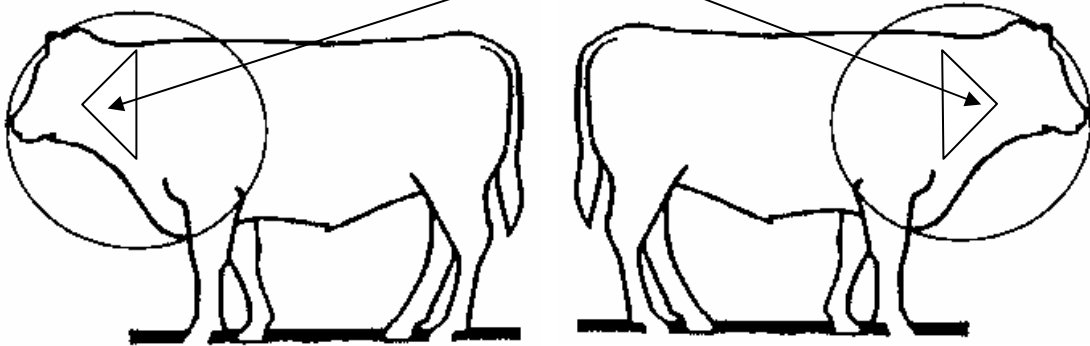
Group _____

Date Sick _____

Date returned to group _____

Date Sold _____

Inject only in the neck.



Site*	Product	Serial #	Company	Dose	ROA**	WD Time	Booster Date	Crew Initials

* = Location from map

** = Route of Administration

COMMENTS:

All records should be maintained for at least three years.