ANIMAL HEALTH PRODUCT USE RECORD

FORM #9A

Producer/Farm Name: _____

Date	Animal/ Group ID	Reason for Treatment	Name of Product Used	Circle the Route of Injection or Delivery[1]	Weight of Animal	Amount/ Dosage Given	Withdrawal Period/Date for Slaughter or Milking	Treatment Failures (i.e., Broken Needle), Site	Initials
				IM SC PO Water Feed IV					
				IM SC PO Water Feed IV					
				IM SC PO Water Feed IV					
				IM SC PO Water Feed IV					
				IM SC PO Water Feed IV					
				IM SC PO Water Feed IV					
				IM SC PO Water Feed IV					
				IM SC PO Water Feed IV					
				IM SC PO Water Feed IV					
				IM SC PO Water Feed IV					
				IM SC PO Water Feed IV					
				IM SC PO Water Feed IV					
				IM SC PO Water Feed IV					
				IM SC PO Water Feed IV					
				IM SC PO Water Feed IV					
				IM SC PO Water Feed IV					

(1) **IM** = intramuscular **SC** = subcutaneous **PO** = pour-on **IV** = Intravenous

Version 1-2008