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TREATMENT ERROR RECORD

INDIVIDUAL OR GROUP

YEAR : _____

DATE : _____ GROUP OR PEN : _____ OTHER : _____

TYPE OF TREATMENT ERROR	
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PRODUCT NAME: _____

DOSE/ROUTE: _____

O P T I O N A L			
ANIMAL ID	ANIMAL ID	ANIMAL ID	ANIMAL ID

VETERINARIAN CONTACT: _____

ACTIONS / TREATMENTS TAKEN	
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VETERINARIAN CALCULATED WITHDRAWAL DATE: _____

COMMENTS: _____

EXAMPLES:

EXPOSURE MODE: Ingested, Inhalation, Spray, Wet-skin Contact **EXPOSURE TYPE:** Herbicide, Pesticide, Petro-chemical, Anti-freeze