3.2 Veal Treatment & History Record

Date (d/m/y)	Veal ID	Point of Purchase	Mass treatment (feed medications, top dress, water or milk): _____ _____ _____ _____ Done by: _____	Individual Treatment						Comments (broken needle in calf, calf death, calf destruction, compromised calf, mistake, etc)
				Treatment Start Date (d/m/y)	Length of Treatment (day)	Product Name	Dosage (cc or mL) and Route	Withdrawal Date (d/m/y)	Done By (Initials)	

NOTE: By initialing the record, the person confirms that he/she has performed the treatment and checked the storage and label of the animal health product used.