

Farm: _____

Veal Treatment Record

Date (d/m/y)	Veal ID	Arrival Date		Individual Treatment						Reason for Treatment	Comments
				Treatment Start Date (d/m/y)	Length of Treatment (days)	Product Name	Dosage (cc or mL) and Route	Withdrawal Date (d/m/y)	Done by (Initials)		

Mass treatment (feed medications, top dress, water or milk):

Done by: _____