

FORM 3 Daily Dairy Treatment Record

All records should be maintained for at least two years.

Year: _____ Farm name/Owner: _____

Cow ID	Time of Treatment			Pen	Diagnosis	Treatment Used	Withdrawal Time		Calculated Withdrawal Period Expires		Actual Date in Tank	Milk Residue Test		Remarks
	Date	AM	PM				3X	Milk (hrs)	Meat (days)	Milk		Meat	Date	
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