



Pen or Individual Pig Treatment Record

- PLEASE PRINT -

Unit Location: _____ Premises ID: _____

Date (MM/DD/YY)	Animal / Pen / Barn ID	Weight	Reason for Treatment	Number Medicated	Product Name	Amount of Drug Given (cc;water)	Route ¹	Remarks / Initials of Who Administered	Pre-slaughter Withdrawal (Days)	Date Withdrawal Completed (MM/DD/YY)	Date and Treatment Results ²	Advising Veterinarian

¹ IM=Intramuscular; SQ=Subcutaneous; IN=Intranasal; Water; Feed
² Solid; Recovered; Died