**Animal Health Record Form**

**Animal #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Lot #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pen #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Head: \_\_\_\_\_\_\_\_\_\_\_**

| **Date** | **Animal ID #** | **Diagnosis/Treatment/Procedure** | **Product & Manufacturer** | **Lot #/Serial #** | **Dose** | **Route of Administration** | **Injection Location** | **Earliest WD Date** | **Initials of Treatment Administrator** |
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