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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Animal Name and/or Validation Number | Reason for Treatment | Product Administered | Date Administered | Route of Administration\* | Serial Number/  Expiration Date | Withdrawal Period/Date | Booster/  Retreatment Date | Administered By (Initials) |
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\*See Page 4 for examples of approved routes of administration.

Individual Treatment Record

(List vaccines and dewormers used in your preventative protocol in this table)