

Mass Medication in Feed Group / Pen Record

Number Cattle _____ Approximate Wt/hd _____ Pen # _____

Approved by: _____ Date: _____

Date	Reason for Medication	Medication	Amount per ton	Amount per head	Total Used	WD
Total	_____	_____	_____	_____	_____	_____

WD = Withdrawal time

Keep This Record For 24 Months After Transfer of Ownership