

PROCESSING MAP

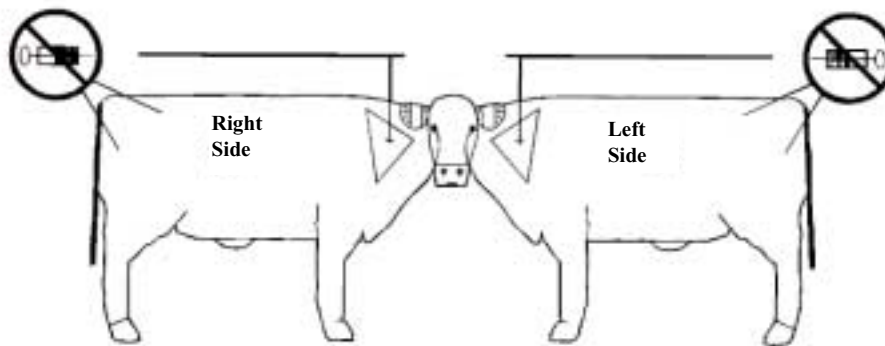
When possible select SubQ products, never give injections in the rear leg or top butt.

Date: _____ Time: _____ Air Temperature: _____

In Weight (Average/Variation): _____ / _____ Breed: _____

Frame: (circle) S, M, ML, L Muscle: (circle) 1, 2, 3 Sex: (circle) S, H, B

ID: Right Ear or Left Ear/Group color and number: _____ / Individual: _____



List “Procedure Number” on the line above which corresponds to the side of the cattle the injection was given. Give all injections within the Injection Triangle.

Implant: R/L _____ Serial # _____ Proc. Initials _____

External Parasite control _____ Dose _____ Serial # _____ Proc. Initials _____ WD _____

Internal Parasite control _____ Dose _____ Serial # _____ Proc. Initials _____ WD _____

R1: _____ Dose _____ Serial # _____ Proc. Initials _____ WD _____

R2: _____ Dose _____ Serial # _____ Proc. Initials _____ WD _____

L1: _____ Dose _____ Serial # _____ Proc. Initials _____ WD _____

L2: _____ Dose _____ Serial # _____ Proc. Initials _____ WD _____

Comments: _____

Signature: _____

WD = Withdrawal time

**Keep This Record For 24 Months
After Transfer of Ownership**