PQAPLUS®
Our Responsibility. Our Promise.

Individual Treatment Record

Unit Location: _____ Premises ID Number: _____

Date	Animal/ Pen ID	Product Name	Amount of Drug Given (cc;water)	Route[1]	Remarks / Initials of Who Administered	Preharvest 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] Sold; Recovered; Died • ***This is the minimum FDA requirement for treatment records***