PQAPLUS®
Our Responsibility. Our Promise.

Pen/Individual Treatment Record

Unit Location: _____ Premises ID Number: _____

Date	Animal/ Pen/ Barn ID	Body Weight	Reason for Treatment	Number Medicated	Product Name	Amount Given (cc;water)	Route[1]	Initials of Who Administered	Preslaughter Withdrawal (Days)	Date Withdrawal Completed (MM/DD/YY)	Date and Treatment Results[2]	ELDU[3]	Advising Veterinarian

[1] IM=Intramuscular; SQ-Subcutaneous; IN-Intranasal; Water; Feed [2] Sold; Recovered; Died [3] Veterinarian Name and Contact info for Extra-Label Drug Use

Suggested additional information for tracking treatments.