

Processing Map

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

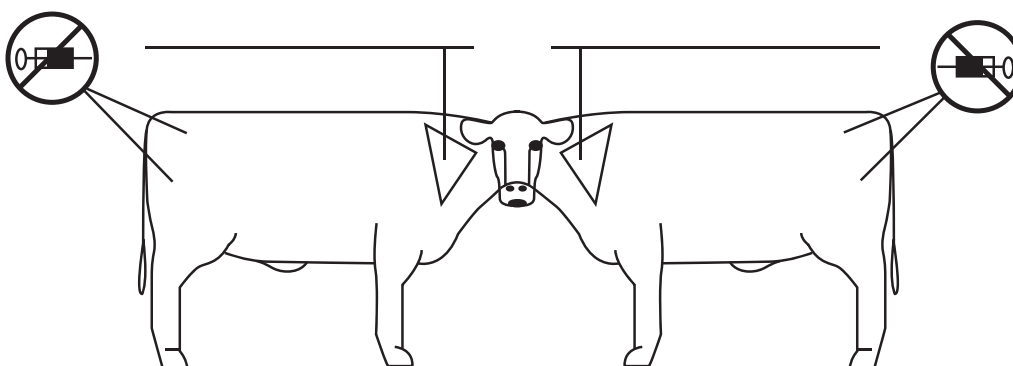
Date: _____ **Time:** _____ **Air Temperature:** _____

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

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

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

List "Treatment" Number on line connecting Injection Triangle & indicate ear implanted.



Identify Brand and Indicate Location

Implant: R/L _____ Serial #: _____ Crew: _____

External Parasite control _____ Dose: ____ Serial #: _____ Crew: _____ withdrawal: _____

Internal Parasite control _____ Dose: ____ Serial #: _____ Crew: _____ withdrawal: _____

R1: _____ Dose: ____ Serial #: _____ Crew: _____ withdrawal: _____

L1: _____ Dose: ____ Serial #: _____ Crew: _____ withdrawal: _____

R2: _____ Dose: ____ Serial #: _____ Crew: _____ withdrawal: _____

L2: _____ Dose: ____ Serial #: _____ Crew: _____ withdrawal: _____

Comments: _____

Signature: _____