

## PROCESSING/TREATMENT MAP

When possible select SQ products, and give all injections in the neck region.

DATE:	TIM	IE:	No. of Head :			Date Weaned:		
In Weight: (avera	ıge/variatior	n):	Breed:			Dehorned Y / N		
Sex: S, H,	Bulls, mixed	Frai	me Size:	S, M, ML	_, L <b>A</b>	Air Temperature:		
ID: Right	Ear or Left E	Ear/ Group Nu	ımber:		/Inc	dividual		
Shoulder Slope  R1  R2  R3  L1  L2  L3								
Product	Lot or Serial #	Supplier	Route of Admin	Dose	Withdrawa Time (WD)	Crew Initials	Comments	
*include implants	s, external c	r internal par	rasites in	chart as well	l.			
Owner Signature:					Date:_			
Veterinarians Sigr	nature:				Phone:			



## **Cattle Health Product Record**

Name of Product:	
Name of Product:	

Date Received	Rec by	Source	Quantity Received	Special ID	Comments
Received			Received		
Total					



### **Treatment Record for Individual Cattle**

Animal ID:	Home Group/Pen:	Color:
Rx = medication name, WD = wi	ithdrawal time	

Date:	Diagnosis	Temp	Severity (1-5)	Rx 1	Rx 2	Rx 3	Rx 4	Comments	WD
		1			1				



### **Mass Medication Pen Record**

Group / Pen: _						
Diagnosis	Date	Severity	Rx 1	Rx 2	Comment	WD
	Rx = medicati	on name, WD	= withdraw	al time		
Signatures:					_ Date	
					_ Date	
					_ Date	
					_ Date	
					Dete	

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_



## **Pesticide Inventory Record**

Date Received	Rec By	Source	Quantity	Special ID	Comments	WD



### Mass Medication In Feed Group / Pen Record

Number Cattle		Approximate Wt/hd Pen #				
Α	pproved by:	Date:				
Date	Reason for Medication	Medication.	Amount per ton	Amount per head	Total Used	WD

Total



### KS-BQA Shipping / Transfer Release Record

I have checked the **Health Maintenance**, **Feeding**, **and Treatment** records for **Group/Pen/Lot** identification(s) or **individual animal identification** listed below. All the cattle have been managed to meet the recommendations and comply with all the requirements which apply to this operation in the Kansas Beef Quality Assurance program.

<u>Head</u>	Group / Pens / Lot	Individual animal numbers					
Date:	Signature:						
Manager and/or	Owner						
Name of Operat	Name of Operation						
Phone (Day and Evening)							
Address							
City/State/Zip _							



## **KS-BQA Supplier Agreement:**

Supplier:	
Address:	
Phone:	
As a professional supplier of products and service my agents assist the beef producer, their veterina professionals maintain quality control over the proassisting the beef producer select products that fir numbers for the products delivered, and assist in Services will also include advice on the proper inverse precautions, use, and disposal of used containers	es to the beef industry I will personally or through drian, their nutritionist, and their other consulting oducts and services we provide. This will include to the KS-BQA guidelines, record all serial / lot the development of a MSDS / product insert file.
Signed:	Date



### **Premise Pesticide Use Record**

Name of Product:

Diagnosis	Date	Severity	Rx 1	Rx 2	Comments	WD
		Coloning				
	L					<u> </u>
Sigr	natures:					
1.					Date	
2					Date	
3					Date	
4					Dete	
4					Date	
5					Date	



# **Feed Ingredient Record**

Name of Ingredient:	
•	

Date Received	Rec'd By	Source	Quantity	Special ID	Comments
Total (yearly)					