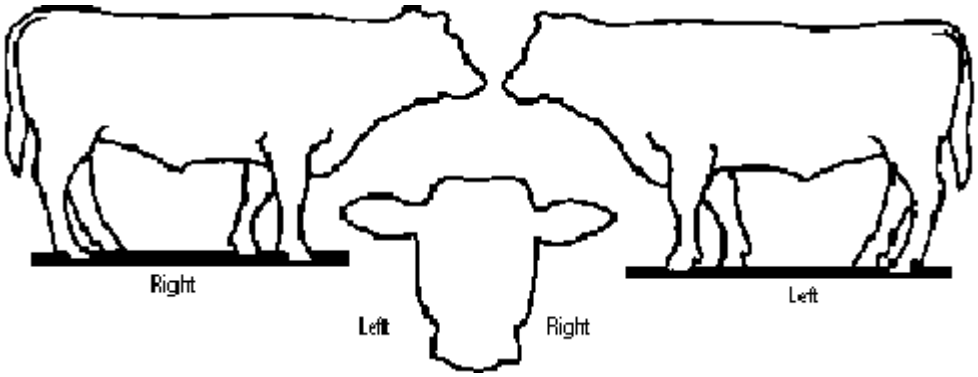
Processing Map



Date of
Processing: _____ Animal or Herd ID: _____

Ranch Name: _____
Address: _____

Number each product administration site above, and provide detail below.

Site No.	Product & Manufacturer	Lot/Serial Number	Dose Size	Admin. Route	Date Used	Withdraw Days

Earliest Date That Animals Are Available for Slaughter _____
(Last date of administration + longest withdrawal days + 1)

Name of individual in charge of processing: _____

Signature: _____

The above signed verifies that all of the above mentioned cattle have been processed as listed above according to the manufactures directions and according to Beef Quality Assurance guidelines.

The above mentioned producer purchased the products listed above from me (see attached invoice) and has been give instructions on proper administration of these products to meet Beef Quality Assurance guidelines.

Veterinarian _____
Glen L. Jensen, DVM

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