

Hospital Record and Movement

Animal ID# _____

Location _____

Approx. Wt. _____

Treatment Record

Date	Temp.	Diagnosis	Treatment	Withdrawal	Treated by:

Returned to Herd

Date	Location	Comments

Cleared for Shipment on: _____

Check One:

Bull Open Cow Bred Cow Wet Cow Calf

Replacement Heifer Steer

Diagnosis Codes:

Abs: Abscess

Blt: Bloat

Cir: Circulatory

CP: Calving/Prolapse

DL: Downer/Lameness

Eye: Pink Eye

FR: Foot Rot

NS: Nervous System

Res: Respiratory

Other:

