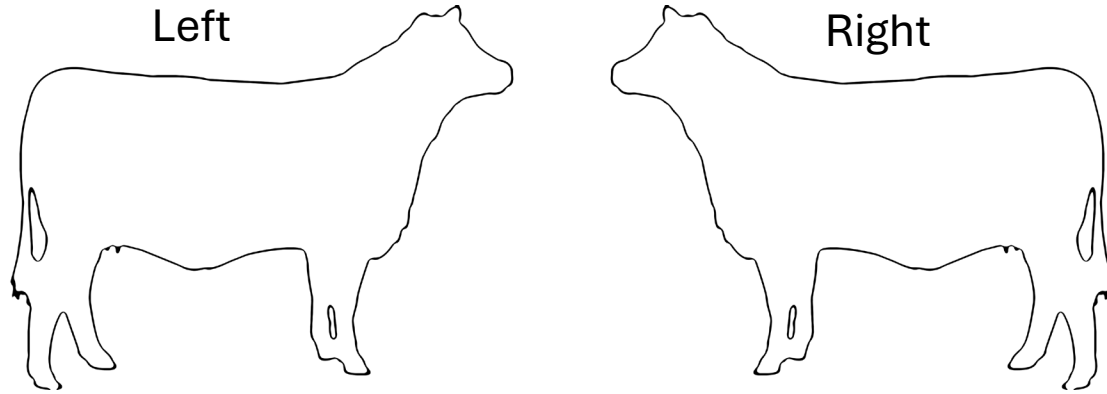# Quality Assurance Record/Cattle Processing Map

Left   Right

Location of Administration
For each product administered, list the information indicated in the table below. Use the product number assigned in your table (1, 2, 3, 4, etc) to indicate site of administration on the drawing.

Team Name: _____   Estimated weight: _____

	Product Information					Route/Dose		
	Product Name	Lot/Serial #	Expiration	Treatment For: *(List Common Name/use)*	MLV, Killed, Combo	Route	Dose	Withdrawal
1								
2								
3								
4								
5								

Routes: IM= Intramuscular, SQ= Subcutaneous, T= Topical, ID= Intradermal, ET=Ear Tag, O= Oral

	Left Ear	Right Ear
EID	☐	☐
TSU	☐	☐
Visual Tag	☐	☐

If needed, note any other procedures conducted: