

CLINICAL MASTITIS AND TREATMENT RECORD

TIME PERIOD: _____

Cow ID: _____									
Date	Milking (AM/PM or 3 rd milking)	Quarter		Treatment	Remarks	Withdraw Time From Last Treatment	Actual Date Milk in Tank	Calving Date	Lactation #
		LF	RF						
	AM/PM/3 rd	LF	RF						
	AM/PM/3 rd	LR	RR						
	AM/PM/3 rd	LF	RF						
	AM/PM/3 rd	LR	RR						
	AM/PM/3 rd	LF	RF						
	AM/PM/3 rd	LR	RR						
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	AM/PM/3 rd	LR	RR						

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	AM/PM/3 rd	LF	RF						
	AM/PM/3 rd	LR	RR						
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