Medicated Feed/ Medicated Water Record Year: _____

Date(s)	*Group or Pen*	*Medicated Ingredient*	*No. of Head per Pen or Group*	*Total Amount Fed to Group*	*Withdrawal Time*	*Comments & Initials* *(W = water)*

This applies to medicated ingredients with a specified withdrawal time period. Note a mixing record is required too. It is recommended, however, that the feeding of medications with a zero withdrawal time is recorded.