TREATMENTS

Operation name: _____

Date	Flock/House/ Bird ID	If you treated the flock/bird(s):					If sickness/injury was observed:		
		Substance given	Method of administration	Duration of administration	Withdraw time	Employee giving treatment	Type of sickness/injury *(e.g., lameness, parasites)*	Outcome *(if the birds die or are euthanized, this should also be recorded in your daily mortality records)*	Date of outcome

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If you want to use this template in other ways, please contact G.A.P. at standards@globalanimalpartnership.org.