Livestock Medication Record

NOFA-NY Certified Organic LLC

Name / Farm Name_____Year_____

Please use this form to record all health care treatments (including vaccines; natural herbs & homeopathic remedies) given to your livestock this year. This is required. This form should represent the health record of your animals. A copy of this information must be submitted to the Certification Program with annual update application each year. If you need additional copies, please contact program. *Note: Upon request, copies of this form are made available to the public*. *All Livestock Producers must notify the certification office and dairy producers must also notify your milk company prior to using an antibiotic or other prohibited substance.

ID Tag # Tattoo # or Flock#	Type of Animal	Date Treated mm/dd/yy	Problem	Treatment (include brand name, amount)	How Treated (injection/oral)	Milk W / Hold time	Date Resume Ship Milk

PLEASE RETAIN A COPY FOR YOUR RECORDS

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