

Ivermectin Record Sheet

Guinea Pigs Name :-

Record Year :-

2014

Please Remember to use this form to record when Ivermectin treatment is used. Circle/Highlight Date when Treatment Applied. Please Take this form

To your Veterinarian should follow up treatment be required. Remember Overdosing on Ivermectin Can be Lethal.

January

Sat	Sun	Mon	Tue	Wed	Thur	Fri
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Brand :- _____ Qty Used _____

February

Sat	Sun	Mon	Tue	Wed	Thur	Fri
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

Brand :- _____ Qty Used _____

March

Sat	Sun	Mon	Tue	Wed	Thur	Fri
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Brand :- _____ Qty Used _____

April

Sat	Sun	Mon	Tue	Wed	Thur	Fri
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

Brand :- _____ Qty Used _____

May

Sat	Sun	Mon	Tue	Wed	Thur	Fri
31					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

Brand :- _____ Qty Used _____

June

Sat	Sun	Mon	Tue	Wed	Thur	Fri
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

Brand :- _____ Qty Used _____

July

Sat	Sun	Mon	Tue	Wed	Thur	Fri
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Brand :- _____ Qty Used _____

August

Sat	Sun	Mon	Tue	Wed	Thur	Fri
30	31					1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

Brand :- _____ Qty Used _____

September

Sat	Sun	Mon	Tue	Wed	Thur	Fri
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

Brand :- _____ Qty Used _____

October

Sat	Sun	Mon	Tue	Wed	Thur	Fri
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Brand :- _____ Qty Used _____

November

Sat	Sun	Mon	Tue	Wed	Thur	Fri
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

Brand :- _____ Qty Used _____

December

Sat	Sun	Mon	Tue	Wed	Thur	Fri
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
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Brand :- _____ Qty Used _____

Ivermectin Record Sheet

Guinea Pigs Name :-

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2015

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Brand :- _____ Qty Used _____

February

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	1	2	3	4	5	6
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28						

Brand :- _____ Qty Used _____

March

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	1	2	3	4	5	6
7	8	9	10	11	12	13
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Brand :- _____ Qty Used _____

April

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4	5	6	7	8	9	10
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Brand :- _____ Qty Used _____

May

Sat	Sun	Mon	Tue	Wed	Thur	Fri
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
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Brand :- _____ Qty Used _____

June

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		1	2	3	4	5
6	7	8	9	10	11	12
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Brand :- _____ Qty Used _____

July

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Brand :- _____ Qty Used _____

August

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1	2	3	4	5	6	7
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September

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October

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3	4	5	6	7	8	9
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November

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Guinea Pigs Name :-

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