



Treatment Records				Greyhound Kennel Name: Earbrand:	
Date of Treatment	Treatment Administered	Method of Administration	Amount Given	Name and signature of Person Administering	Name of Person Authorising Treatment
e.g. 21/02/2018	e.g. Oestrotain	e.g. PO	e.g. 1 tab SID	e.g. Trainer name and signature	e.g. Vet name