**SAMPLE MASTER PROBLEM LIST**

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| Client ID: |  | | | | | Flock ID: | | |  | | | | | |
| Notes: | | | | | | | | | | | | | | |
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| Procedures: | | Date | | | | | | | | | | | | |
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| Vaccinations | |  |  |  |  |  |  |  | |  |  |  |  |  |
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| Parasite Control | |  |  |  |  |  |  |  | |  |  |  |  |  |
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| Other | |  |  |  |  |  |  |  | |  |  |  |  |  |
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| Date | Diagnosis | Group/Bird Affected | Treatment | Withholding Time (if applicable) |
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