**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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