## **SAMPLE MASTER PROBLEM LIST**

Client ID: Flock ID:																	
Notes:																	
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Procedures:					<u> </u>			Da	ate			_				1	
Vaccinations																	
Parasita Control																	
Parasite Control																	
Other																	
Otrici														_			
Date	[	Diagnosis			Group/Bird				Treatment						Vithho	olding	
		3			Group/Bird Affected										Time (if applicable)		
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