

MATRIX™ Treatment Record

Tag No. _____ Group No. _____

Events Prior to Treatment (enter dates):

Gilt Pool Entry Date _____

Heat/No-Service Date _____

Boar Exposure:	Start Date	Stop Date
	_____	_____
	_____	_____
	_____	_____

MATRIX Treatment Dates

Start Date	Actual End Date
Expected End Date	Expected Heat Date

MATRIX™ Treatment Record

Pen No. _____ Group No. _____

Events Prior to Treatment (enter dates):

Gilt Pool Entry Date _____

Boar Exposure: Start Date Stop Date

_____ _____

_____ _____

_____ _____

MATRIX Treatment Dates

Start Date	Actual End Date
Expected End Date	Expected Heat Date