Farm: **XXX XXXX OÜ**
Kuu: dets.17
Sektsioon: (sisestada sektsiooni nr või nimetus)

**NÄIDIS**

| Kuupäev | SÜSTIMINE | | | | | | SURM peade arv | Keeluaeg | Keeluaja lõpp | Ravim või vitamiin joogiveega | Ravimi kogus | Probleem | Keeluaeg | Keeluaja lõpp | Teostaja |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Süstitud ravim | Ravimi kogus | Sigade arv | Sulgude numbrid | Mark. Värv | Probleem | | | | | | | | | |
| 01.12.17 | | | | | P | | | | | | | | | | |
| 02.12.17 | Betamox(näiteks) | 24ml | 26 | 1,3,12 | S | kõhulahtisus | 1 | 3p | 06.12.17 | | | | | | |
| 03.12.17 | | | | | R | | | | | | | | | | |
| 04.12.17 | | | | | P | | | | | Promycin(näiteks) | 200 gr | seedehäired | 3p | | |
| 05.12.17 | | | | | S | | | | | -------"------- | 200 gr | haiglane olek | 3p | | |
| 06.12.17 | | | | | R | | | | | -------"------- | 200 gr | | 3p | | |
| 07.12.17 | | | | | P | | | | | -------"------- | 200 gr | | 3p | | |
| 08.12.17 | | | | | S | | | | | -------"------- | 200 gr | | 3p | 12.12.17 | |
| 09.12.17 | | | | | R | | | | | | | | | | |
| 10.12.17 | | | | | P | | | | | | | | | | |
| 11.12.17 | | | | | S | | | | | | | | | | |
| 12.12.17 | | | | | R | | | | | | | | | | |
| 13.12.17 | | | | | P | | | | | | | | | | |
| 14.12.17 | | | | | S | | | | | | | | | | |
| 15.12.17 | | | | | R | | | | | | | | | | |
| 16.12.17 | | | | | P | | | | | | | | | | |
| 17.12.17 | | | | | S | | | | | | | | | | |
| 18.12.17 | | | | | R | | | | | | | | | | |
| 19.12.17 | | | | | P | | | | | | | | | | |
| 20.12.17 | | | | | S | | | | | | | | | | |
| 21.12.17 | | | | | R | | | | | | | | | | |
| 22.12.17 | | | | | P | | | | | | | | | | |
| 23.12.17 | | | | | S | | | | | | | | | | |
| 24.12.17 | | | | | R | | | | | | | | | | |
| 25.12.17 | | | | | P | | | | | | | | | | |
| 26.12.17 | | | | | S | | | | | | | | | | |
| 27.12.17 | | | | | R | | | | | | | | | | |
| 28.12.17 | | | | | P | | | | | | | | | | |
| 29.12.17 | | | | | S | | | | | | | | | | |
| 30.12.17 | | | | | R | | | | | | | | | | |
| 31.12.17 | | | | | | | | | | | | | | | |