

Record
Suspect Broken Needle

Farm Name or Owner: _____

Date of Injection: _____ **Animal Identification:** _____
Product Used: _____ **Withdrawal Check at Shipping:** _____

Describe how animal is permanently identified:

Disposal of Animal: _____ date: _____

sold to slaughter plant slaughtered for own use died on farm

other: _____

Date information supplied to next owner/buyer: _____

Who was contacted: _____

Person supplying information: _____

Information supplied by (check one or more):

phone fax other: _____

Location of broken needle fragment (please mark with an "X"):

