

Record
Broken Needle or Suspected 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"):

