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BROKEN NEEDLE RECORD

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 THE 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')

