

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:

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**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"):

