

**DECLARATION FOR SHIPPED ANIMAL**

**Farm name**

Animal ID number.....

Needle present    No .....  
                          Yes.....

If yes , complete following and mark site

Location    RF.....LR.....RR.....LR.....

R neck..... L Neck.....

Comments.....  
.....  
.....

Residue    No..... Yes .....

If yes complete the following , name treatment administered and date meat and milk are safe.

Feed.....

Milk date..... Meat Date.....

Pesticide.....

Milk date..... Meat Date.....

Medication.....

Milk date..... Meat Date.....

Signature of farm manager.....

Date .....