

**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:

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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"):

