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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')

