

WITHDRAWAL PERIOD FORM

Farm Information

Farm Name: _____

Contact Name: _____ Telephone No.: _____

Feeder Calves Affected by the Withdrawal Period — Date of Sale: _____

Feeder Calves with Known or Suspected Broken Needle (Attestra ID): _____

Targeted Feeder Calves: **All Calves in the Lot**

Only the Following Calves (Attestra ID):

Product Used: _____

Last Treatment Date: _____

Withdrawal Period: _____ Days

Targeted Feeder Calves: **All Calves in the Lot**

Only the Following Calves (Attestra ID):

Product Used: _____

Last Treatment Date: _____

Withdrawal Period: _____ Days

Targeted Feeder Calves: **All Calves in the Lot**

Only the Following Calves (Attestra ID):

Product Used: _____

Last Treatment Date: _____

Withdrawal Period: _____ Days

Targeted Feeder Calves: **All Calves in the Lot**

Only the Following Calves (Attestra ID):

Product Used: _____

Last Treatment Date: _____

Withdrawal Period: _____ Days

Targeted feeder calves: **All Calves in the Lot**

Only the Following Calves (Attestra ID):

Product Used: _____

Last Treatment Date: _____

Withdrawal Period: _____ Days

Targeted Feeder Calves: **All Calves in the Lot**

Only the Following Calves (Attestra ID):

Product Used: _____

Last Treatment Date: _____

Withdrawal Period: _____ Days

For More Information Dial (450) 679-0540, ext. 8482