

WITHDRAWAL PERIOD FORM

Les Producteurs
de bovins du
Québec



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**

Product Used: _____

Last Treatment Date: _____

Withdrawal Period: _____ Days

☐ **Only the Following Calves (Attestra ID):**

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

Product Used: _____

Last Treatment Date: _____

Withdrawal Period: _____ Days

☐ **Only the Following Calves (Attestra ID):**

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

Product Used: _____

Last Treatment Date: _____

Withdrawal Period: _____ Days

☐ **Only the Following Calves (Attestra ID):**

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

Product Used: _____

Last Treatment Date: _____

Withdrawal Period: _____ Days

☐ **Only the Following Calves (Attestra ID):**

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

Product Used: _____

Last Treatment Date: _____

Withdrawal Period: _____ Days

☐ **Only the Following Calves (Attestra ID):**

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

Product Used: _____

_____ Days

☐ **Only the Following Calves (Attestra ID):**

For More Information Dial (450) 679-0540, ext. 8367