

Calf Entry form

Date:

Name:

Address:

Telephone no:

Mobile no:

Email:

Vehicle reg:

Haulier:

Holding no:

FARM
ASSURANCE
STICKER
HERE
PLEASE

Treatments and Withdrawal periods:
 Have any animals on this form been given any medicine or wormer and are still within the prescribed withdrawal period?

Yes: No:

If YES please provide the following accurate detail:

Ear no: Date given: W/D period: days

Product:

Date W/D period ends:

I hereby declare that I have complied with all the statements detailed on this form and completed it accurately:

Signed:

The Blade Farming terms and conditions of business are available on the Blade website - www.blade-farming.com

Lot no (Blade Use Only)	Bull/Heifer	Breed	Weight	Ear number	DOB	Sire details	Price (£)

Signed: Date: