Calf Entry Form

BladeFarming
Part of ABP Food Group

Date:

Name:

Address:

Holding No:

Telephone No:

Vehicle Reg:

Haulier:

Treatments and Withdrawal:

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 Tag:

Product:

Date withdrawal ends:

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

Signed:

FARM ASSURANCE STICKER HERE PLEASE

Time of Loading:

Time of Departure:

Destination Address:

Destination CPH No:

Time of Arrival at Destination:

Wash Out Location:

Date of Washout:

Lot No. (Blade Use Only)	Ear Tag	Breed	Sex	Weight	DOB.	Sire Details	Price

Signed: Date:

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