



# FOOD CHAIN INFORMATION TO ACCOMPANY CALVES

## Veterinary surgeon responsible for the holding

Name	
Practice Address	
Postcode	
Telephone	
Email	

1 Have any calves in the consignment been treated with any veterinary medicinal products or other treatments in the past 28 days?	YES	NO
2 If so have withdrawal periods for veterinary medicines and other treatments been met	YES	NO
3 Are any calves showing signs of abnormality?	YES	NO
4 Is the holding or area under restrictions for animal health or other reasons?	YES	NO
5 Has any analysis of samples shown that any animal may have been exposed to substances likely to result in residues in meat?	YES	NO

If the answer to any of the above is 'yes' please complete the form below

## Veterinary medicinal products or other treatments administered to calves in the consignment

Ear Tag number			
Name of medicine or product			
Date of administration			
Withdrawal period			
Reason for administration			

## Details of any calves showing signs of abnormality

Ear Tag Number			
Description of abnormality			