

SAMPLE LETTER OF GUARANTEE / SHIPPING RECORD

Seller's Name (person or company): _____

Buyer / Recipient's Name (person or company): _____

Date Shipped: _____

Animal Identification Number(s): _____

Do any of the animals listed above have pending milk or meat withdrawal times or broken needles? No Yes If yes, please fill in the following table:

Animal ID	Date of Treatment	Product	Dose (✓)		Completed Withdrawal Date		Broken Needle? If Yes, describe site
			According to label	Extra label	Milk	Meat	

I, the seller, have:

- Owned the animal(s) being sold for at least the last two months; OR,
- A letter of guarantee from the previous owner(s); OR,
- Tested the milk from the animal(s) for antibiotics using _____ test or I sent the sample(s) to _____ (plant/ laboratory), and have proof of a negative antibiotic test result(s).

Test results for Neospora _____

 Leucosis _____

 SCC _____

Signature of Seller: _____

Signature of Buyer / Recipient: _____