Canadian Quality Milk

SAMPLE LETTER OF GUARANTEE / SHIPPING RECORD

Seller's Name (person or company):							<u> </u>
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:							
			Dose (✓)		Completed Withdrawal Date		
Animal ID	Date of Treatment	Product	According to label	Extra label	Milk	Meat	Broken Needle? If Yes, describe site
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). Signature of Seller:							
Signature of Buyer / Recipient:							
June 2010							