Dairy Farmers of Canada - Canadian Quality Milk Program

**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 D 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:

D Owned the animal(s) being sold for at least the last two months; OR,

D A letter of guarantee from the previous owner(s); OR,

D 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: