**WITHDRAWAL PERIOD DECLARATION**

|  |  |
| --- | --- |
| Species of animal |  |
| Holding number |  |
| Vendor’s name |  |
| Address of holding |  |
| Telephone number |  |
| Email address (where applicable) |  |
| Individual animal(s) identification |  |
| Medicine administered |  |
| Date of administration (including date treatment ended if multiple treatments) |  |
| Withdrawal period |  |
| Date meat/milk becomes fit for human consumption |  |
| Keeper’s signature |  |
| Print name |  |
| Date |  |

For farm to farm sales, this template must be completed by the vendor where an animal is sold

whilst under a statutory withdrawal period.