

CRAIG • WILSON LTD

NEWTON STEWART

Fax No. 01671 403742

Date of Sale: _____

Name: _____

Farm Assurance No: _____

Address: _____

Full Ear Tag Number
Required With One
Entry Per Line. Please
Leave A Line Between
Each Lot of Cattle

TREATMENT DECLARATION (To Comply With QMS Standards)

Please indicate In The Columns Below If Any of The Entries Below Are Within A Treatment Withdrawal Period and Also The Date The Period Will End.

[illegible]