Veterinary Feed Directive for Broilers Lincomix® (Lincomycin)

Vete	rinarian:	Client:
Addr	ress:	Business or Home Address:
Phor FAX	ne #: or email: (optional)	Phone #: FAX or email: (optional)
*****	***************************************	***************************************
Indic	cations, Drug Level, and Duration of Use: (specify	additional required information)
	lers: For the control of necrotic enteritis caused or correspondence of the control of necrotic enterities caused or corresponding to the control of the con	omplicated by Clostridium spp. or
	g level: 2 g lincomycin per ton ation of use:days	
***** U\$	SE OF FEED CONTAINING THIS VETERINARY FE	EED DIRECTIVE (VFD) DRUG IN A MANNER OTHER THAN AS (EXTRA-LABEL USE) IS NOT PERMITTED.
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Pre	mise or Location of animals:	
Spe	ecial Instructions and/or other animal identifications:	
Aff	irmation of Intent (for combination VFD drugs): che	ck the appropriate box:
	This VFD only authorizes the use of the VFD drug(s) cited in this order and is not intended to authorize the use of such drug(s) in combination with any other animal drugs.	
	This VFD authorizes the use of the VFD drug(s) cited in this order in the following FDA-approved, conditionally approved, or indexed combination(s) in medicated feed that contains the VFD drug(s) as a component. (List the specific approved combination)	
	This VFD authorizes the use of the VFD drug(s) cited in this order in any FDA-approved, conditionally approved, or indexed combination(s) in medicated feed that contains the VFD drug(s) as a component.	
	required withdrawal times for those drugs. No drug	MIX 50 in approved combinations with other drugs, follow the g withdrawal period is required before slaughter of birds fed ved concentration (2 grams lincomycin per ton of feed).
		Do not allow rabbits, guinea pigs, horses or ruminants acces pecies may result in severe gastrointestinal effects.
Date	of VFD Issuance:(dd/mm/yyyy)	Date of VFD Expiration: (dd/mm/yyyy) (Cannot exceed 6 months after issuance)
Vete	rinarian's signature:	