Veterinary Feed Directive for Use in Swine
Tylan®
(tylosin phosphate)

Sequential VFD ID Number, if appropriate

Veterinarian:_____ Client: _____
Address: _____ Business/Home Address:_____
Phone #: _____ Phone #: _____
FAX or email: (optional) _____ FAX or email: (optional) _____

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Indication, Drug Level in Medicated Feed, and Duration of Use: (select one and specify additional required information)

☐ For reduction in severity of effects of atrophic rhinitis.
Drug Level: 100 grams per ton
Duration of Feeding: _____days

☐ For control of swine dysentery associated with *Brachyspira hyodysenteria*.
Drug Level: 100 grams per ton
Duration of Feeding: _____weeks (minimum of 3 weeks)

Subsequent Drug Level: 40 grams per ton
Duration of Feeding: _____weeks (until pigs reach market weight)

☐ For the treatment and control of swine dysentery associated with *Brachyspira hyodysenteria* immediately after medicating with Tylan Soluble (tylosin tartrate) drinking water.
Drug Level: ____grams per ton (40 to 100 g/ton)
Duration of Feeding: _____weeks (2 to 6 weeks)

☐ For control of porcine proliferative enteropathies (PPE, ileitis) associated with *Lawsonia intracellularis*.
Drug Level: 100 grams per ton
Duration of Feeding: 21 days

☐ For control of porcine proliferative enteropathies (PPE, ileitis) associated with *Lawsonia intracellularis*.
Drug Level: 100 grams per ton
Duration of Feeding: _____weeks (minimum of 3 weeks)

Subsequent Drug Level: 40 grams per ton
Duration of Feeding: _____weeks (until pigs reach market weight)

☐ For control of porcine proliferative enteropathies (PPE, ileitis) associated with *Lawsonia intracellularis* immediately after medicating with Tylan Soluble (tylosin tartrate) drinking water.
Drug Level: ____grams per ton (40 to 100 g/ton)
Duration of Feeding: _____weeks (2 to 6 weeks)

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USE OF FEED CONTAINING THIS VETERINARY FEED DIRECTIVE (VFD) DRUG IN A MANNER OTHER THAN AS DIRECTED ON THE LABELING (EXTRA-LABEL USE) IS NOT PERMITTED.

Approximate number of ***Swine*** to be treated: _____

Premises or Location of swine: _____

Special Instructions and/or other animal identifications:

Affirmation of Intent (for combination VFD drugs**): check 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.

	Drug(s) and Dose Range(s)	Specifications*
☐	ractopamine hydrochloride at 4.5 to 9.0 g/ton** (supplied by Engain®, ANADA 200-558)	For use in finishing swine weighing not less than 150 lbs for the last 45 to 90 lbs (group average) of weight gain prior to slaughter.
☐	Other FDA-approved, conditionally approved, or indexed combination:	

*for complete information see the approved Type C medicated feed label
**combination not available with atrophic rhinitis indication

☐ 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.

Warning: No withdrawal period is required.

Date of VFD Issuance:_____(dd/mm/yyyy)

Date of VFD Expiration:_____ (dd/mm/yyyy)
(Cannot exceed 6 months after issuance)

Veterinarian's signature: _____

Color Z Original – Veterinarian **Color X Copy – Supplier** **Color Y Copy – Client**

All parties must retain a copy of this VFD for 2 years after issuance