

Veterinary Feed Directive for Chickens Aureomycin® (chlortetracycline)

Veterinarian: _____
Address: _____
Phone #: _____
FAX or email: (optional) _____

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

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

Broiler Chickens: For the reduction of mortality due to *E. coli* infections susceptible to chlortetracycline.
Drug Concentration: 500 g/ton
Duration of Feeding: 5 days

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 **Chickens** to be treated: _____
Premises or Location(s) of animals: _____

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*
<input type="checkbox"/>	40 to 60 g/ton salinomycin (BIOCOX®) [NADA 140-859]	For use in broiler chickens. Not to be fed for more than 5 days. Withdraw 24 hours before slaughter.
<input type="checkbox"/>	Other FDA-approved, conditionally approved, or indexed combination:	

*for complete information see the approved Type C medicated feed label

- 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.

Withdrawal Period: No withdrawal period 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