

Veterinary Feed Directive for Chickens Aureomycin® (chlortetracycline)

Veterinarian: _____

Client: _____

Address: _____

Business or Home Address: _____

Phone #: _____

Phone #: _____

FAX or email: (optional) _____

FAX or email: (optional) _____

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

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 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"/>	90 to 110 g/ton monensin (COBAN®) [NADA 121-553]	For use in broiler chickens. Not to be fed continuously for more than 5 days. Do not feed Coban to chickens over 16 weeks of age. 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: _____