Sequential VFD ID Number, if appropriate

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: As an aid in the control of chronic respiratory disease (CRD) caused by *M. gallisepticum* susceptible to chlortetracycline and as an aid in the control of infectious synovitis caused by *M. synoviae* susceptible to chlortetracycline.
Drug Concentration: 100 g/ton
Duration of feeding: _____ days

☐ Chickens: As an aid in the control of chronic respiratory disease (CRD) caused by *M. gallisepticum* susceptible to chlortetracycline and as an aid in the treatment of infectious synovitis caused by *M. synoviae* susceptible to chlortetracycline.
Drug Concentration: 200 g/ton
Duration of feeding: _____ days

☐ Chickens: For the reduction of mortality due to *E. coli* infections susceptible to chlortetracycline.
Drug Concentration: 500 g/ton
Duration of Feeding: _____ days (up to 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*
☐	30 g/ton robenedine hydrochloride (ROBENZ®) [NADA 92-507]	For use in broiler (fryers) chickens. Withdraw 5 days before slaughter.
☐	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