Sequential VFD ID Number

Veterinary Feed Directive for use in Calves, Beef Cattle and Nonlactating Dairy Cattle
Chlortetracycline

Client: _____ Veterinarian: _____
Business or Home Address: _____ Address: _____
_____ _____
Phone Number: _____ Phone Number: _____

Approximate number of animals to be treated:_____
Location of animals:_____
Special Instructions and/or other animal identifications:

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

☐ A. For Growing Cattle (over 400 lbs): For the reduction of the incidence of liver abscesses.
Drug level: _____ g/ton in order to provide 70 mg / head/ day
Duration of use: _____ days

☐ B. For Beef Cattle: For the control of bacterial pneumonia associated with shipping fever complex caused by *Pasteurella spp*. susceptible to chlortetracycline.
Drug level: _____g/ton in order to provide 350 mg / head/ day
Duration of use: _____ days

☐ C. For Beef Cattle (under 700 lbs.): Control of active infection of anaplasmosis caused by *Anaplasma marginale* susceptible to chlortetracycline.
Drug level: _____ g/ton in order to provide 350 mg / head/ day
Duration of use: _____ days

☐ D. For Beef Cattle (over 700 lbs.): Control of active infection of anaplasmosis caused by *Anaplasma marginale* susceptible to chlortetracycline.
Drug level: _____ g/ton in order to provide 0.5 mg/lb body weight / day
Duration of use: _____ days

☐ E. For Calves, Beef, and Nonlactating Dairy Cattle ; For treatment of bacterial enteritis caused by *Escherichia coli* and bacterial pneumonia caused by *Pasteurella multocida* susceptible to chlortetracycline.
Drug level: _____ g/ton in order to provide 10 mg/lb body weight / day
Duration of use: _____ days (1 to 5 days)

Caution: 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.

For use in Dry Feeds Only. Not for Use in Liquid feed Supplements.

Residue Warnings: Zero-day withdrawal period. A withdrawal period has not been established for this product in pre-ruminating calves. Do not use in calves to be processed for veal.

Combination Use:

☐ 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(s))_____

☐ 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.

VFD Issuance Date: _____ VFD Expiration Date: _____
Month/Day/Year
(Not to exceed 6 months from issuance date)

Veterinarian's Signature:_____

Original – Veterinarian **Copy – Supplier** **Copy – Client**

All parties must retain a copy of this veterinary feed directive for 2 years after issuance