

SOUTHERNSTATES.COM



Veterinary Feed Directive Booklet

for

Southern States Cooperative®

Customers,

Feed Distributors & Veterinarians

Southern States[®] Feed Division – December 2016

The purpose of this booklet is to provide our customers, retail distributors and veterinarians, important information pertaining to Veterinary Feed Directives (VFDs) and how to lawfully obtain certain antibiotics in feed.

Southern States supports the use of VFD-antibiotics only for approved purposes. Our VFDmedicated feed products provide feeding solutions for your herd, as ordered by a licensed veterinarian, and as permitted by law. Always follow product label instructions.

Included in this Booklet are the following:

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•	How To Use This Booklet Page 7
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	 Instructions for Feed Distributor
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	 Calculating an Appropriate Amount of Feed
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Compliance Facts

Effective January 1, 2017, certain medically-important (for humans) antibiotics move from over-the-counter (OTC) to VFD-status, which requires veterinary oversight that includes an emphasis on a Veterinarian-Client-Patient-Relationship (VCPR). This means the veterinarian must be familiar with the herd before issuing an order for treatment.

These medically-important antibiotics have historically been used for promoting weight gain and feed efficiency in addition to treatment and/or prevention of disease. Product labels, effective January 1st, will no longer include treatment for weight gain and feed efficiency; the regulation stipulates the use of these important antibiotics will only be allowed for treatment and/or prevention of disease.

Veterinarians must issue orders only in approved doses for specific treatments for major species. For minor species, the Food and Drug Administration (FDA) recently issued its current thinking on the extralabel use of medications, including those drugs applicable to the VFD rules (CPG 615.115, Extralabel Use of Medicated Feeds for Minor Species). Minor species are defined by exclusion as animals other than cattle, horses, swine, chicken, turkeys, dogs and cats.

The VFD rule applies to medication that is delivered via feed products or water soluble routes. For feed, certain antibiotics move from OTC to VFD. For water soluble treatments, products will move from OTC to Rx (prescription). A complete list of medications moving from OTC to VFD, and applicable water soluble products moving to Rx, is included in this booklet.

Importantly, each party (the producer, feed distributor and veterinarian) must keep a copy of the VFD order on file for two years as required by law. For additional regulatory information, please visit <u>www.fda.gov</u>.

VFD Medications available in Southern States feed products*

- AS-700[®] (Chlortetracycline & Sulfamethazine)
- CTC (Chlortetracycline), brand name Aureomycin[®] (AUREO)

* For additional information about obtaining other VFD medications in custom formulas, please contact your Feed Sales & Technical Representative (FSTR).

VFD Forms available in the Appendix are:

- Aureo S-700[®] (chlortetracycline and sulfamethazine) for Beef Cattle
- Aureomycin[®] (chlortetracycline)
 - o for Beef Cattle
 - for Breeding Sheep
 - o for Swine
 - o for Chickens
 - $\circ \quad \text{for Turkeys} \quad$
 - o for Ducks
 - o for Exotic Birds

- Generic VFD Form (from FDA's Guidance for Industry # 233)
 - Refer to specific VFD requirements if this generic form is used for VFD orders. It must contain all required information specific to the medication to be considered valid. Incomplete forms are considered invalid. Invalid forms will not be accepted.

Note: For any additional VFD forms, contact the Southern States Feed Division (888-221-8987 or sscfeedquestions@sscoop.com), your veterinarian, or the manufacturer of the medication.

Drugs Transitioning From OTC to VFD Status

Established drug name	Examples of proprietary drug name(s) ⁵
chlortetracycline (CTC)	Aureomycin, CLTC, CTC, Chloratet, Chlorachel, ChlorMax, Chlortetracycline, Deracin, Inchlor, Pennchlor, Pfichlor
chlortetracycline/sulfamethazine*	Aureo S, Aureomix S, Pennchlor S
chlortetracycline/sulfamethazine/penicillin	Aureomix 500, Chlorachel/Pficlor SP, Pennchlor SP, ChlorMax SP
hygromycin B	Hygromix
lincomycin	Lincomix
oxytetracycline (OTC)	TM, OXTC, Oxytetracycline, Pennox, Terramycin
oxytetracycline/neomycin*	Neo-Oxy, Neo-Terramycin
penicillin+	Penicillin, Penicillin G Procaine
sulfadimethoxine/ormetoprim*	Rofenaid, Romet
tylosin	Tylan, Tylosin, Tylovet
tylosin/sulfamethazine*	Tylan Sulfa G, Tylan Plus Sulfa G, Tylosin Plus Sulfamethazine
virginiamycin	Stafac, Virginiamycin, V-Max

Note: apramycin, erythromycin, neomycin (alone), oleandomycin+, sulfamerazine, and sulfaquinoxaline are also approved for use in feed and are expected to transition to VFD status, but are not marketed at this time. If they return to the market after January 1, 2017, they will require a VFD.

^{\$}Type A medicated articles used to manufacture medicated feed, all products may not be marketed at this time

*Fixed-ratio, combination drug

+Currently only approved for production uses

Current VFD Drugs

Established drug name	Proprietary drug name(s)**
avilamycin	Kavault
florfenicol	Aquaflor, Nuflor
tilmicosin	Pulmotil, Tilmovet
tylvalosin	Aivlosin

Water Soluble Drugs Transitioning From OTC to Rx Status

Established drug name	Examples of proprietary drug name(s)
chlortetracycline	Aureomycin, Aureomycyn, Chlora-Cycline, Chloronex, Chlortetracycline, Chlortetracycline Bisulfate, Chlortet-Soluble-O, CTC, Fermycin, Pennchlor
erythromycin	Gallimycin
gentamicin	Garacin, Gen-Gard, GentaMed, Gentocin, Gentoral
lincomycin	Linco, Lincomed, Lincomix, Lincomycin, Lincomycin Hydrochloride, Lincosol, Linxmed-SP
lincomycin/spectinomycin*	Lincomycin S, Lincomycin-Spectinomycin, L-S, SpecLinx
neomycin	Biosol Liquid, Neo, Neomed, Neomix, Neomycin, Neomycin Liquid, Neomycin Sulfate, Neo-Sol, Neosol, Neosol-Oral, Neovet
oxytetracycline	Agrimycin, Citratet, Medamycin, Oxymarine, Oxymycin, Oxy-Sol, Oxytet, Oxytetracycline, Oxytetracycline HCL, Oxy WS, Pennox, Terramycin, Terra- Vet, Tetravet-CA, Tetroxy, Tetroxy Aquatic, Tetroxy HCA
penicillin	Han-Pen, Penaqua Sol-G, Penicillin G Potassium, R-Pen, Solu-Pen
spectinomycin	Spectam
sulfadimethoxine	Agribon, Albon, Di-Methox, SDM, Sulfabiotic, Sulfadimethoxine, Sulfadived, Sulfamed-G, Sulforal, Sulfasol
sulfamethazine	SMZ-Med, Sulfa, Sulmet
sulfaquinoxaline	S.Q. Solution, Sulfa-Nox, Sulfaquinoxaline Sodium, Sulfaquinoxaline Solubilized, Sul-Q-Nox, Sulquin
tetracycline	Duramycin, Polyotic, Solu/Tet, Solu-Tet, Supercycline, Terra-Vet, Tet, Tetra- Bac, Tetracycline, Tetracycline Hydrochloride, Tetramed, Tetra-Sal, Tetrasol, Tet-Sol, TC Vet

Note: apramycin, carbomycin/oxytetracycline^{*}, chlortetracycline/sulfamethazine^{*}, streptomycin, sulfachloropyrazine, sulfachlorpyridazine, and sulfamerazine/sulfamethazine/sulfaquinoxaline^{*} are expected to transition to Rx status, but are not marketed at this time. If they return to the market after January 1, 2017, they will require a prescription from a veterinarian.

*Fixed-ratio, combination drug

Current Rx Water Soluble Drugs

Established drug name	Examples of proprietary drug names
tylosin	Tylan, Tylomed, Tylosin, Tylosin Tartrate, Tylovet

How to Use this Booklet

Instructions for Customers:

- Using this manual as reference, speak with your veterinarian about treatment options for your herd (medicated feed containing certain antibiotics to treat specific conditions).
 Southern States maintains product offerings, primarily, for these two medications:
 - a. AS-700[®] (chlortetracycline & sulfamethazine) can be fed to beef cattle as an aid in the maintenance of weight gains in the presence of respiratory disease such as shipping fever.
 - b. AUREOMYCIN[®] (chlortetracycline) is available in select Southern States products for a variety of specific treatments (for prevention or treatment of disease) to be fed to cattle, chickens, swine, breeding sheep and ducks.
 - c. For other medications applicable to VFD, please contact your Southern States Representative.
- 2. Refer to Page 11, Available Feed Products, to locate the specific medication (for the intended specie) as recommended by your veterinarian. Then, locate the specific Indication for Use as ordered by your veterinarian.
- 3. Provide your veterinarian the Drug Level for the selected product. This information will need to be documented on the VFD order and must exactly match the product label prior to sale of the product.

IMPORTANT: Refer to the product label for complete nutritional information. This booklet provides limited information regarding VFD medications only. Contact your Southern States representative to inquire about custom feed formulation options or for additional product information.

4. Present the completed VFD order form to your Southern States retail location (dealer/distributor). Using the information on your VFD order, a store associate can assist you with calculations for an appropriate amount of feed to meet your needs (as ordered by the veterinarian).

NOTE: Distributors can receive a completed VFD order by hard copy or electronically. The form must be complete prior to distribution of VFD feed products. Incomplete forms are considered invalid. A copy of the completed VFD form must be kept on file for two years by all parties (customer, dealer and veterinarian).

Instructions for Feed Distributors:

1. Using this manual as reference, speak with your customer to determine available products for a given treatment as recommended by a veterinarian. If available, receive the completed VFD order from the customer.

YOU MUST CONFIRM THE ORDER FORM IS VALID. IF THE FORM FROM THIS BOOKLET IS SUBMITTED, VERIFY ALL OF THE FOLLOWING:

✓ Top section of the form is completed:

- Veterinarian and Client contact information

- Middle section of the form ("Indications, Drug Level in Medicated Feed, and Duration of Use") indicates one (or more) boxes, where applicable, are checked. Within each section checked, the veterinarian recorded the drug level (in grams per ton) and duration of feeding, in days, up to 180 (maximum days allowed, unless otherwise noted).
- ✓ Bottom section of the form is completed:
 - Approximate # of Cattle
 - Premises/Location of Cattle
 - Affirmation of Intent: EXACTLY ONE BOX IS CHECKED
 - Date of Issuance
 - Date of VFD Expiration
 - Veterinarian's signature

NOTE: IF AN ALTERNATE FORM IS PRESENTED, ADDITIONAL VERIFICATION IS REQUIRED. ANY VFD FORM IS ACCEPTABLE PROVIDED ALL REQUIRED INFORMATION IS INCLUDED. CONTACT YOUR FEED MILL OR CORPORATE FEED DIVISION FOR GUIDANCE.

2. After validating the order is complete, determine the APPROPRIATE AMOUNT OF FEED by using the "Estimating Volume" information for the requested product. For SKUs not listed, refer to the product label for feeding instructions.

Instructions for Veterinarians:

 Complete the appropriate VFD form(s) included in this booklet, beginning on Page 10. Other versions (including electronic forms) are acceptable provided that all federally-required information is present. Forms must be complete prior to distribution of VFD feed products. Incomplete forms are considered invalid. All parties (customer, dealer and veterinarian) must keep a copy of the VFD on file for two years.

PLEASE ENSURE THE VFD FORM IS FILLED OUT COMPLETELY. VALID FORMS MUST CONTAIN ALL OF THE FOLLOWING:

- veterinarian's name, address, and telephone number;
- client's name, business or home address, and telephone number;
- premises at which the animals specified in the VFD are located;
- date of VFD issuance;
- expiration date of the VFD;
- name of the VFD drug(s);
- species and production class of animals to be fed the VFD feed;
- approximate number of animals to be fed the VFD feed by the expiration date of the VFD;
- indication for which the VFD is issued;
- level of VFD drug in the feed and duration of use;
- withdrawal time, special instructions, and cautionary statements necessary for use of the drug in conformance with the approval;
- number of reorders (refills) authorized, if permitted by the drug approval, conditional approval, or index listing;

- statement: "Use of feed containing this veterinary feed directive (VFD) drug in a manner other than as directed on the labeling (extralabel use), is not permitted";
- an affirmation^{**} of intent for combination VFD drugs as described in 21 CFR 558.6(b)(6); and
- veterinarian's electronic or written signature.
- **NOTE**^{**}: Refer to the VFD form and check the most appropriate affirmation option based on your professional assessment. Of the three affirmation statements, the third option provides the most flexibility for the customer and feed distributor.

Calculating an Appropriate Quantity of Feed:

The VFD regulations stipulate the feed dealer is responsible for distributing "an appropriate amount" of feed in conjunction with the written VFD order. This means that, as a distributor of VFD-medicated feed, we must sell a responsible quantity of feed consistent with the veterinarian's written order.

How much is appropriate? This depends on the information written on the order, specifically: 1) the Indications for Use, 2) the duration of treatment, and 3) the approximate number of animals. With this information, dealers can calculate an appropriate amount of feed using the feeding directions on the product label. For certain treatments, bodyweight is also necessary.

Example: [Refer to the VFD form in the Appendix, Aureo for Beef Cattle]

A completed VFD order for beef cattle over 700 Lbs. lists the following:

- 1. for control of active infection of Anaplasmosis (Option 4 is checked),
- 2. the duration of treatment listed is <u>180</u> days, and
- 3. the approximate number of cattle is <u>250</u>.

The following product is selected from this booklet:

SKU	Description	Drug Level	Feeding Rate	Estimating Volume
59965071	AUREO 4G CRUMBLES	8000 g/TN	Refer to product label *No. of Animals calculated per Lbs. of feed is based on bodyweight	Divide <u># of cattle in the herd</u> by <u>No. of Animals</u> [*] to consume 1 Lbs. of feed = Lbs. of feed per day needed.

The customer provides (or this information may be written by the veterinarian in the "Special Instructions" section of the form) the estimated bodyweight for animals in the herd is 1200 pounds. Referring to the product label, we determine that one pound of feed for animals weighing 1200 pounds will treat 6.7 animals.

Calculations are as follows:

250/6.7 = 37.3 Lbs. of feed per day for the herd

37.3 Lbs. X 180 days = 6,714 Lbs. needed to treat the herd for the duration

Based on this calculated amount of feed, and realizing the product is available only in 50 Lbs. bags, the appropriate amount of feed to fill this VFD order is 6,750 Lbs. or 135 bags.

Customers are not required, nor are customers encouraged, to purchase 180 days (6 months) of feed at one time. Instead, feed may be purchased more frequently for freshness, efficacy and/or convenience. There is limited flexibility on distribution of appropriate amounts; in certain situations, we may be able to distribute additional amounts (e.g. bags were damaged on farm and were discarded and not fed). For extenuating circumstances, customers should be able to explain and/or justify the need for additional quantities of VFD-medicated products. Distribution of excess amounts should be documented by the distributor and kept on file with the VFD.

Use the space below for your own calculations_____

Available Feed Products

Use this section of the booklet to review products that contain AS-700[®] for cattle and Aureomycin[®] for cattle and breeding sheep. Alternatively, for products not listed in this booklet, refer to the product label for information to provide to your veterinarian to facilitate documenting accurate information on the VFD order.

Southern States is ready to meet your VFD-medicated feed needs! CALL (888) 221-8987 OR EMAIL: SSCFEEDQUESTIONS@SSCOOP.COM

AS-700[®] (Chlortetracycline & Sulfamethazine)

SPECIE: Beef Cattle

Indications for Use: As an aid in the maintenance of weight gains in the presence of respiratory disease such as shipping fever

Treatment level(s): 350 mg/head/day (per drug)

SKU	Description	Drug Level	Feeding Rate	Estimating Volume
57135010/11	GENETIC EXPRESSION	70 g/TN	10 Lbs. per	Multiply # of cattle by 10.0 =
	CATTLE STARTER (AS- 700) MEDICATED		head per day	Lbs. of feed per day needed.
57074010/11	-		F 11	
57374310/11	-	140 g/TN	5 Lbs. per	Multiply # of cattle by 5.0 =
	700)		head per day	Lbs. of feed per day needed.
59963071	AS-700 2G	4000 g/TN	1 Lbs. feeds	Divide # of cattle by 5.7 = Lbs.
	CRUMBLES		5.7 animals	of feed per day needed.
	MEDICATED		per day [*]	*28 day feeding regimen.

Aureomycin® for Cattle

(Chlortetracycline)

Option # 1 on VFD form ------

SPECIE: Growing Cattle (over 400 Lbs.) Indications for Use: For the reduction of the incidence of liver abscesses Treatment level(s): 70 mg/head/day

Currently we do not offer products in this category. Please contact a Southern States Feed Sales and Technical Representative (FSTR) to inquire about custom feed options.

Aureomycin® for Cattle (Chlortetracycline)

Option # 2 on VFD form -----

SPECIE: Beef Cattle

Indications for Use: Control of bacterial pneumonia associated with shipping fever complex caused by Pasteurella spp. susceptible to chlortetracycline

Treatment level(s): 350 mg/head/day

SKU	Description	Drug Level	Feeding Rate	Estimating Volume
51706071	NUTRA-PLUS 10G (AUREO)	20,000 g/TN	0.035 lb (or 0.56 oz.) per head per day	Multiply # of cattle by 0.035 = Lbs. of feed per day needed.
57064010/11	TRADITIONS BEEF COPRODUCT BALANCER SUPP (BVT/AUREO)	700 g/TN (Aureo)	Refer to product label. *10% of medicated supplement is mixed with 90% commodities.	Multiply # of cattle by 1.0 Lbs. = Lbs. of medicated feed per day needed. Feed 10lb of total mixture per head per day.
57089910/11	TRADITIONS BEEF BLEND (BVT/AUREO)	140 g/TN (Aureo)	5 Lbs. per head per day	Multiply # of cattle by 5.0 = Lbs. of feed per day needed.
57090310/11	TRADITIONS BEEF BLEND (AUREO)	100 g/TN	7 Lbs. per head per day	Multiply # of cattle by 7.0 = Lbs. of feed per day needed.
57129010/11	GENETIC EXPRESSION CATTLE STARTER (BVT/AUREO)	70 g/TN (Aureo)	10 Lbs. per head per day	Multiply # of cattle by 10.0 = Lbs. of feed per day needed.
57131010/11	GENETIC EXPRESSION CATTLE STARTER (AUREO)	140 g/TN	5 Lbs. per head per day	Multiply # of cattle by 5.0 = Lbs. of feed per day needed.
57132010/11	GENETIC EXPRESSION (AUREO)	70 g/TN	10 Lbs. per head per day	Multiply # of cattle by 10.0 = Lbs. of feed per day needed.
57226410/11	GENETIC EXPRESSION 16% POWERSTROKE (BVT/AUREO)	140 g/TN (Aureo)	5 Lbs. per head per day	Multiply # of cattle by 5.0 = Lbs. of feed per day needed.
57226510/11	GENETIC EXPRESSION 16% POWERSTROKE (AUREO)	140 g/TN	5 Lbs. per head per day	Multiply # of cattle by 5.0 = Lbs. of feed per day needed.
57226810/11	GENETIC EXPRESSION 20% POWERSTROKE (BVT/AUREO)	140 g/TN (Aureo)	5 Lbs. per head per day	Multiply # of cattle by 5.0 = Lbs. of feed per day needed.

57228310/11	GENETIC EXPRESSION 18% POWERSTROKE (BVT/AUREO)	140 g/TN (Aureo)	5 Lbs. per head per day	Multiply # of cattle by 5.0 = Lbs. of feed per day needed.
57374110/11	GENETIC EXPRESSION 14% JUMP START 5# (BVT/AUREO)	140 g/TN (Aureo)	5 Lbs. per head per day	Multiply # of cattle by 5.0 = Lbs. of feed per day needed.
57383610 (Bulk Only)	GENETIC EXPRESSION 15% STOCKER LIMITER # 1 (BVT/AUREO)	87.5 g/TN (Aureo)	8 Lbs. per head per day	Multiply # of cattle by 8.0 = Lbs. of feed per day needed.
57383710 (Bulk Only)	15% JUMP START LTD # 2 (BVT/AUREO)	70 g/TN (Aureo)	10 Lbs. per head per day	Multiply # of cattle by 10.0 = Lbs. of feed per day needed.
57391010/11	TRADITIONS 15% STOCKER/GROWER (BVT/AUREO)	140 g/TN (Aureo)	5 Lbs. per head per day	Multiply # of cattle by 5.0 = Lbs. of feed per day needed.
57471310/11	GENETIC EXPRESSION BULL RATION (BVT/AUREO)	70 g/TN (Aureo)	10 Lbs. per head per day	Multiply # of cattle by 10.0 = Lbs. of feed per day needed.
59965071	AUREO 4G CRUMBLES	8000 g/TN	1 Lbs. feeds 11.4 animals per day	Divide # of cattle by 11.4 = Lbs. of feed per day needed.

Option # 3 on VFD form -----

SPECIE: Beef Cattle under 700 Lbs.

Indications for Use: Control of active infection of Anaplasmosis caused by Anaplasma marginale susceptible to chlortetracycline.

Treatment level(s): 350 mg/head/day

SKU	Description	Drug Level	Feeding Rate	Estimating Volume
51192210/11	18% FAST START	185 g/TN	3.78 Lbs. per	Multiply # of cattle by 3.78 =
	TCR (BVT/AUREO)	(Aureo)	head per day	Lbs. of feed per day needed.
51192410/11	18% FAST START	185 g/TN	3.78 Lbs. per	Multiply # of cattle by 3.78 =
	TCR (BVT/AUREO/CF)	(Aureo)	head per day	Lbs. of feed per day needed.
51192610/11	18% FAST START	185 g/TN	3.78 Lbs. per	Multiply # of cattle by 3.78 =
	TCR	(Aureo)	head per day	Lbs. of feed per day needed.
	(BVT/AUREO/ALT)			
51195610/11	INTENSITY 22% CALF	350 g/TN	2 Lbs. per head	Multiply # of cattle by 2.0 =
	STARTER	(Aureo)	per day	Lbs. of feed per day needed.
5110//51	(BVT/AUREO/CF)			
51196651	INTENSITY 22% CALF	350 g/TN	2 Lbs. per head	Multiply # of cattle by 2.0 =
	STARTER	(Aureo)	per day	Lbs. of feed per day needed.
51196710/11	(BVT/AUREO) INTENSITY 22% CALF			
51190710/11	STARTER	350 g/TN	2 Lbs. per head	Multiply # of cattle by 2.0 =
	(BVT/AUREO)	(Aureo)	per day	Lbs. of feed per day needed.
51706071	NUTRA-PLUS 10G	20,000	0.035 lb (or	Multiply # of cattle by 0.035 =
51700071	(AUREO)	g/TN	0.56 oz.) per	Lbs. of feed per day needed.
		9/11	head per day	Los. of feed per day fielded.
57090310/11	TRADITIONS BEEF	100 g/TN	7 Lbs. per head	Multiply # of cattle by 7.0 =
	BLEND (AUREO)		per day	Lbs. of feed per day needed.
				. ,
57379210/11	GENETIC	70 g/TN	10 Lbs. per	Multiply # of cattle by 10 =
	EXPRESSION 13%	(Aureo)	head per day	Lbs. of feed per day needed.
	FEEDLOT PREP			
	(BVT/AUREO)			
57919901	GENETIC	2800 g/TN	4 oz. per head	Multiply # of cattle by 0.25 =
	EXPRESSION	(Aureo)	per day	Lbs. of feed per day needed.
	ENVIRO-MIN			
57000/01	(AUREO/ALT)			
57920601	GENETIC	2800 g/TN	4 oz. per head	Multiply # of cattle by 0.25 =
	EXPRESSION	(Aureo)	per day	Lbs. of feed per day needed.
57920701	(BVT/AUREO) GENETIC	2800 ~/TN	1	Adultingly # of antilla have 0.25
5/920/01	EXPRESSION	2800 g/TN (Aureo)	4 oz. per head	Multiply # of cattle by 0.25 = Lbs. of feed per day needed.
	GROWTH	(Aureo)	per day	Los. or reed per day needed.
	(AUREO/BVT/ALT)			

57922201	TRADITIONS HI-	2800 g/TN	4 oz. per head	Multiply # of cattle by 0.25 =
57922201	MAG BEEF MINERAL	(Aureo)		
	AUREO 2800	(Aureo)	per day	Lbs. of feed per day needed.
57024101		2000 /TNI		
57924101		2800 g/TN	4 oz. per head	Multiply # of cattle by 0.25 =
	WEATHERSHED 2:1		per day	Lbs. of feed per day needed.
	MINERAL (AUREO)			
57925201	TRADITIONS MAX	2800 g/TN	4 oz. per head	Multiply # of cattle by 0.25 =
	GAIN (BVT/AUREO)	(Aureo)	per day	Lbs. of feed per day needed.
57926101	TRADITIONS BEEF	2800 g/TN	4 oz. per head	Multiply # of cattle by 0.25 =
	MIN W/O PHOS		per day	Lbs. of feed per day needed.
	(AUREO)			
57927001	TRADITIONS GRAZE-	2800 g/TN	4 oz. per head	Multiply # of cattle by 0.25 =
	N-GAIN MINERAL		per day	Lbs. of feed per day needed.
	(AUREO)			
57927101	TRADITIONS GRAZE-	2800 g/TN	4 oz. per head	Multiply # of cattle by 0.25 =
	N-GAIN	(Aureo)	per day	Lbs. of feed per day needed.
	(AUREO/ALT)			
57927201	TRADITIONS GRAZE-	2800 g/TN	4 oz. per head	Multiply # of cattle by 0.25 =
	N-GAIN	(Aureo)	per day	Lbs. of feed per day needed.
	(AUREO/BVT)			
57928101	TRADITIONS FLY	2800 g/TN	4 oz. per head	Multiply # of cattle by 0.25 =
	STOP (AUREO)	-	per day	Lbs. of feed per day needed.
59965071	AUREO 4G	8000 g/TN	11.4 Lbs. per	Divide # of cattle by 11.4 =
	CRUMBLES		head per day	Lbs. of feed per day needed.

Aureomycin® for Cattle

(Chlortetracycline)

Option # 4 on VFD form ------

SPECIE: Beef Cattle over 700 Lbs.

Indications for Use: Control of active infection of Anaplasmosis caused by Anaplasma marginale susceptible to chlortetracycline.

Treatment level(s): 0.5 mg/Lbs. body weight per day

SKU	Description	Drug Level	Feeding Rate	Estimating Volume
51706071	NUTRA-PLUS 10G (AUREO)	20,000 g/TN	0.05 Lbs. per 1000 Lbs. of body weight per day	Multiply 0.05 by [BW/1000] = Lbs. of feed per day needed.
57918101	GENETIC EXPRESSION WEATHERSHED BEEF BREEDER MINERAL (AUREO)	5600 g/TN	2 oz. for 700 Lbs. animal; 4 oz. for 1400 Lbs. animal *intake depends on body weight	Multiply ounces per head X # of animals then divide by 16 = Lbs. of feed per day for the herd
57918201	GENETIC EXPRESSION WEATHERSHED BEEF BREEDER MINERAL (AUREO/ALT)	5600 g/TN (Aureo)	2 oz. for 700 Lbs. animal; 4 oz. for 1400 Lbs. animal *intake depends on body weight	Multiply ounces per head X # of animals then divide by 16 = Lbs. of feed per day for the herd
57918301	GENETIC EXPRESSION WEATHERSHED ENVIRO-MIN (AUREO/ALT)	5600 g/TN (Aureo)	2 oz. for 700 Lbs. animal; 4 oz. for 1400 Lbs. animal *intake depends on body weight	Multiply ounces per head X # of animals then divide by 16 = Lbs. of feed per day for the herd
57918401	GENETIC EXPRESSION WEATHERSHED ENVIRO-MIN (AUREO)	5600 g/TN	2 oz. for 700 Lbs. animal; 4 oz. for 1400 Lbs. animal [*] intake depends on body weight	Multiply ounces per head X # of animals then divide by 16 = Lbs. of feed per day for the herd
57918501	GENETIC EXPRESSION WEATHERSHED ENVIRO-MIN HI-MAG (AUREO/ALT)	5600 g/TN (Aureo)	2 oz. for 700 Lbs. animal; 4 oz. for 1400 Lbs. animal *intake depends on body weight	Multiply ounces per head X # of animals then divide by 16 = Lbs. of feed per day for the herd
57918601	GENETIC EXPRESSION ENVIRO-MIN HI MAG (AUREO)	5600 g/TN	2 oz. for 700 Lbs. animal; 4 oz. for 1400 Lbs. animal *intake depends on body weight	
57919001	GENETIC EXPRESSION WS BEEF BREEDER HI- MAG MINERAL (AUREO/ALT)	5600 g/TN (Aureo)	2 oz. for 700 Lbs. animal; 4 oz. for 1400 Lbs. animal *intake depends on body weight	Multiply ounces per head X # of animals then divide by 16 = Lbs. of feed per day for the herd

57919101	GENETIC EXPRESSION	5600 g/TN	2 oz. for 700 Lbs.	Multiply ounces per head X #
	WS BEEF BREEDER HI-		animal; 4 oz. for	of animals then divide by 16 =
			1400 Lbs. animal	Lbs. of feed per day for the
	(AUREO)		*intake depends	herd
57921701	TRADITIONS HI-MAG	5600 m/TN	on body weight 2 oz. for 700 Lbs.	AAultink, augus and soul V #
57921701	MINERAL (AUREO/ALT)	5600 g/TN (Aureo)	animal; 4 oz. for	Multiply ounces per head X # of animals then divide by 16 =
	MINERAL (AUREO/ALT)	(Aureo)	1400 Lbs. animal	Lbs. of feed per day for the
			*intake depends	herd
			on body weight	
57921801	TRADITIONS FLY	5600 g/TN	2 oz. for 700 Lbs.	Multiply ounces per head X #
	STOP HI-MAG	(Aureo)	animal; 4 oz. for	of animals then divide by 16 =
	MINERAL (AUREO/ALT)		1400 Lbs. animal	Lbs. of feed per day for the
			*intake depends	herd
			on body weight	
57921901	TRADITIONS BROOD	5600 g/TN	2 oz. for 700 Lbs.	Multiply ounces per head X #
	COW MINERAL		animal; 4 oz. for	of animals then divide by 16 =
	(AUREO)		1400 Lbs. animal	Lbs. of feed per day for the
			*intake depends	herd
57004(0)			on body weight	
57924601		5600 g/TN	2 oz. for 700 Lbs.	Multiply ounces per head X #
			animal; 4 oz. for	of animals then divide by 16 =
	MINERAL (AUREO)		1400 Lbs. animal	Lbs. of feed per day for the herd
			*intake depends on body weight	nera
57924701	TRADITIONS	5600 g/TN	2 oz. for 700 Lbs.	Multiply ounces per head X #
57724701	WEATHERSHED 2:1	(Aureo)	animal; 4 oz. for	of animals then divide by 16 =
	MINERAL (AUREO/ALT)	(, (0) 00)	1400 Lbs. animal	Lbs. of feed per day for the
			*intake depends	herd
			on body weight	
57925801	TRADITIONS	5600 g/TN	2 oz. for 700 Lbs.	Multiply ounces per head X #
	WEATHERSHED MAG-		animal; 4 oz. for	of animals then divide by 16 =
	O-MIN (AUREO)		1400 Lbs. animal	Lbs. of feed per day for the
			*intake depends	herd
			on body weight	
57925901		5600 g/TN	2 oz. for 700 Lbs.	Multiply ounces per head X #
		(Aureo)	animal; 4 oz. for 1400 Lbs. animal	of animals then divide by 16 =
	O-MIN (AUREO/ALT)			Lbs. of feed per day for the herd
			*intake depends on body weight	herd
57926901	TRADITIONS HI-MAG	5600 g/TN	2 oz. for 700 Lbs.	Multiply ounces per head X #
	MINERAL (AUREO)	2000 g/ m	animal; 4 oz. for	of animals then divide by 16 =
			1400 Lbs. animal	Lbs. of feed per day for the
			*intake depends	herd
			on body weight	
59965071	AUREO 4G	8000 g/TN	Refer to product	Divide # of cattle in the herd
	CRUMBLES	-	label	by No. of Animals [*] to consume
			*No. of Animals	1 Lbs. of feed =
			calculated per Lbs.	Lbs. of feed per day needed.
			of feed is based	
			on bodyweight	

Aureomycin® for Cattle

(Chlortetracycline)

Option # 5 on VFD form -----

SPECIE: Beef and Non-lactating Dairy Cattle

Indications for Use: As an aid in control of active infection of anaplasmosis caused by Anaplasma marginale susceptible to chlortetracycline when delivered in a free-choice feed.

Treatment level(s): 0.5 to 2.0 mg/Lbs. body weight per day

Currently we do not offer products in this category. Please contact a Southern States FSTR to inquire about other free-choice feed options.

Option # 6 on VFD form ------

SPECIE: Calves, Beef and Non-lactating Dairy Cattle

Indications for Use: Treatment of bacterial enteritis caused by Escherichia coli and bacterial pneumonia caused by Pasteurella multocida organisms susceptible to chlortetracycline.

Treatment level(s): 10 mg/Lbs. body weight per day

	SKU	Description	Drug Level	Feeding Rate	Estimating Volume	
5	1706071	NUTRA-PLUS 10G (AUREO)	20,000 g/TN	0.10 Lbs. of feed per 100 Lbs. of BW per day [*] [*] 5 day feeding regimen.	Calculate: [BW/100] X 0.10 = Lbs. of feed per day per animal	
	1 Lbs. of feed will provide the approved treatment level to a 1000 Lbs. animal per day					

Aureomycin[®] for Breeding Sheep (Chlortetracycline)

SPECIE: Breeding Sheep

Indications for Use: Reduction in the incidence of (vibrionic) abortions caused by Campylobacter fetus infection susceptible to chlortetracycline.

Treatment level(s): 80 mg/head/day

SKU	Description	Drug Level	Feeding Rate	Estimating Volume
59965071	AUREO 4G CRUMBLES	8000 g/TN	Refer to product label *1 Lbs. of feed per day treats 50 animals.	Divide # of animals by 50 = Lbs. of feed per day needed for the herd.

Appendix

Blank VFD forms are included here as follows:

- Aureo S-700[®] (chlortetracycline and sulfamethazine) for Beef Cattle
- Aureomycin[®] (chlortetracycline)
 - o for Beef Cattle
 - for Breeding Sheep
 - \circ for Swine
 - o for Chickens
 - o for Turkeys
 - o for Ducks
 - o for Exotic Birds
- Generic VFD Form (from FDA's Guidance for Industry # 233)
 - Refer to specific VFD requirements if this generic form is used for VFD orders. It must contain all required information specific to the medication to be considered valid. Incomplete forms are considered invalid. Invalid forms will not be accepted.

Veterinary Feed Directive for Beef Cattle AUREO S 700[®] Granular (chlortetracycline and sulfamethazine)

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

Drug Levels: ______ g/ton each for chlortetracycline and sulfamethazine (specify level to provide 350 mg/head/day chlortetracycline and 350 mg/head/day sulfamethazine).

Duration of Use: Feed for 28 days

Indications for Use:

Beef Cattle: As an aid in the maintenance of weight gains in the presence of respiratory disease such as shipping fever.

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 *Beef Cattle* to be treated: ______ Premise or Location of animals: _____

Special Instructions and/or other animal identifications:

Affirmation of Intent (for combination VFD drugs):

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.

Warning: Withdraw 7 days prior to slaughter.

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

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

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

Veterinarian's signature:

WHITE Original – Veterinarian

arian CANARY Copy – Supplier All parties must retain a copy of this VFD for 2 years after issuance PINK Copy – Client

Veterinary Feed Directive For Cattle AUREOMYCIN® (chlortetracycline)

XXXXX

Veteri	narian:			Client:	
Phone	:			Phone:	
Fax or	r Email ((optional):		Fax or Email (optional):	
		rug level in Medicated Feed, and			quired information)
	Dru	wing Cattle (over 400 lb): For the g Concentration: ation of Feeding:	g/ton (to provide 70		
	chlo	ortetracycline.			by Pasteurella spp. susceptible to
		g Concentration: ation of Feeding:) mg/head/day)	
	chlo	ef Cattle (under 700 lb): Control o ortetracycline.			a marginale susceptible to
		g Concentration: ation of Feeding:	-) mg/head/day)	
	4. Bee chlo	of Cattle (over 700 lb): Control of prtetracycline.	active infection of anap		marginale susceptible to
		g Concentration: ation of Feeding:		mg/lb body weight/day)	
	5. Bee	-	As an aid in control of		caused by Anaplasma marginale
	Dru	g Concentration: 8000 g/ton (to provide 0.5 to 2.0 mg [Must use a FDA-approved proprietary f	g/lb body weight/day)		
		6000 g/ton (to provide 0.5 to 2.0 mg [Must use a FDA-approved proprietary f		o 21 CFR 558.128(e)(6).]	
		5000 g/ton (to provide 0.5 to 2.0 mg [Must use a FDA-approved proprietary f	formulation.]		
		700 g/ton (to provide 0.5 to 2.0 mg/ [Must use a FDA-approved proprietary f			
_		ation of Feeding:			
	caus	es, Beef and Non-lactating Dairy sed by <i>Pasteurella multocida</i> orga Concentration :			erichia coli and bacterial pneumonia
		Complete Feedg/	(ton (500 to 4,000 g/to	on to provide 10 mg/lb body wei	ght/day)
	Duratic	_ Top Dressg/ on of Feeding:da	(ton (4,000 to 20,000 g	g/ton to provide 10 mg/lb body v	weight/day)
•••••		USE OF FEED CONTAINING TH	IS VETERINARY FEED D	IRECTIVE (VFD) DRUG IN A MANN RA-LABEL USE) IS NOT PERMITTE	
Approx	imate nu	umber of Cattle to be treated:			
Special	instruct	ions and/or other animal identifica	tions:]
Affirma	This V	Intent (for combination VFD drugs) /FD only authorizes the use of the	VFD drug(s) cited in this		orize the use of such drug(s) in
	This V	vination with any other animal drug VFD authorizes the use of the VFD and combination(s) in medicated fea	drug(s) cited in this orde		conditionally approved, or
		VFD authorizes the use of the VFD objective of the VFD objective of the text of tex of text of text of text of text of tex	drug(s) cited in this orde		ally approved, or indexed
	WARNIN	IG: No withdrawl period is required use in calves to be processed for ve	d. A withdrawal period h		product in pre-ruminating calves.
,		suance:(dd/mm/y		Date of VFD Expiration: (Cannot exceed 6 months after issue	
Veterina	arian's si	ignature:		Common exceed o months arter 1550	unocy
		WHITE Original - Veterinarian		Y Copy - Supplier	PINK Copy - Client
		All r	parties must retain a copy of th	his VFD for 2 years after issuance.	

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Veterinary Feed Directive for Breeding Sheep Aureomycin® (chlortetracycline)

Address: Home Address: Phone #: Phone #: FAX or email: (optional) FAX or email: (optional) Indication, Drug Level in Medicated Feed, and Duration of Use: (specify additional required information) Breeding sheep: Reduction in the incidence of (vibrionic) abortions caused by <i>Campylobacter fetus</i> infection susceptible to chlortetracycline. Drug Concentration: g/ton (to provide 80 mg/head/day) Duration of Feeding: days USE OF FEED CONTAINING THIS VETERINARY FEED DIRECTIVE (VFD) DRUG IN A MANNER OTHER THAN A DIRECTED ON THE LABELING (EXTRA-LABEL USE) IS NOT PERMITTED. Approximate number of Breeding Sheep to be treated:	Veterinarian:	
Phone #:	Address:	Business or Home Address:
Indication, Drug Level in Medicated Feed, and Duration of Use: (specify additional required information) Breeding sheep: Reduction in the incidence of (vibrionic) abortions caused by <i>Campylobacter fetus</i> infection susceptible to chlortetracycline. Drug Concentration:g/ton (to provide 80 mg/head/day) Duration of Feeding:days USE OF FEED CONTAINING THIS VETERINARY FEED DIRECTIVE (VFD) DRUG IN A MANNER OTHER THAN A DIRECTED ON THE LABELING (EXTRA-LABEL USE) IS NOT PERMITTED. Approximate number of <i>Breeding Sheep</i> to be treated:		
Indication, Drug Level in Medicated Feed, and Duration of Use: (specify additional required information) Breeding sheep: Reduction in the incidence of (vibrionic) abortions caused by <i>Campylobacter fetus</i> infection susceptible to chlortetracycline. Drug Concentration:g/tn (to provide 80 mg/head/day) Duration of Feeding:days USE OF FEED CONTAINING THIS VETERINARY FEED DIRECTIVE (VFD) DRUG IN A MANNER OTHER THAN A DIRECTED ON THE LABELING (EXTRA-LABEL USE) IS NOT PERMITTED. Approximate number of <i>Breeding Sheep</i> to be treated:		
infection susceptible to chlortetracycline. Drug Concentration:g/ton (to provide 80 mg/head/day) Duration of Feeding:days USE OF FEED CONTAINING THIS VETERINARY FEED DIRECTIVE (VFD) DRUG IN A MANNER OTHER THAN A DIRECTED ON THE LABELING (EXTRA-LABEL USE) IS NOT PERMITTED. Approximate number of <i>Breeding Sheep</i> to be treated: Premise or Location of animals:		
Duration of Feeding:	•	of (vibrionic) abortions caused by Campylobacter fetus
Use of FEED CONTAINING THIS VETERINARY FEED DIRECTIVE (VFD) DRUG IN A MANNER OTHER THAN A DIRECTED ON THE LABELING (EXTRA-LABEL USE) IS NOT PERMITTED. Approximate number of Breeding Sheep to be treated:	Drug Concentration:g/ton (to provide 80	0 mg/head/day)
USE OF FEED CONTAINING THIS VETERINARY FEED DIRECTIVE (VFD) DRUG IN A MANNER OTHER THAN A DIRECTED ON THE LABELING (EXTRA-LABEL USE) IS NOT PERMITTED. Approximate number of Breeding Sheep to be treated:		
Approximate number of Breeding Sheep to be treated:	USE OF FEED CONTAINING THIS VETERINARY	FEED DIRECTIVE (VFD) DRUG IN A MANNER OTHER THAN A
Premise or Location of animals: Special Instructions and/or other animal identifications: Special Instructions and/or other animal identifications: Affirmation of Intent (for combination VFD drugs): 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. Withdrawal Period: No withdrawal period required. Date of VFD Issuance: (dd/mm/yyyy) Date of VFD Expiration: (dd/mm/yyyy)	DIRECTED ON THE LABELIN	NG (EXTRA-LABEL USE) IS NOT PERMITTED.
Special Instructions and/or other animal identifications:		
Affirmation of Intent (for combination VFD drugs): 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. Withdrawal Period: No withdrawal period required. Date of VFD Issuance: (dd/mm/yyyy) Date of VFD Issuance: (dd/mm/yyyy)	Premise or Location of animals:	
Affirmation of Intent (for combination VFD drugs): 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. Withdrawal Period: No withdrawal period required. Date of VFD Issuance: (dd/mm/yyyy) Date of VFD Issuance: (dd/mm/yyyy)	Special Instructions and/or other animal identification	ns.
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. Withdrawal Period: No withdrawal period required. Date of VFD Issuance: (dd/mm/yyyy)		10.
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. Withdrawal Period: No withdrawal period required. Date of VFD Issuance: (dd/mm/yyyy)		
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. Withdrawal Period: No withdrawal period required. Date of VFD Issuance: (dd/mm/yyyy)		
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. Withdrawal Period: No withdrawal period required. Date of VFD Issuance: (dd/mm/yyyy)		
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. Withdrawal Period: No withdrawal period required. Date of VFD Issuance: (dd/mm/yyyy)		
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. Withdrawal Period: No withdrawal period required. Date of VFD Issuance: (dd/mm/yyyy)		
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. Withdrawal Period: No withdrawal period required. Date of VFD Issuance: (dd/mm/yyyy)	Affirmation of Intent (for combination VED drugs):	
drug(s) in combination with any other animal drugs. Withdrawal Period: No withdrawal period required. Date of VFD Issuance: (dd/mm/yyyy) Date of VFD Issuance: (dd/mm/yyyy) Date of VFD Issuance: (dd/mm/yyyy) Cannot exceed 6 months after issuance)		
Date of VFD Issuance:(dd/mm/yyyy) Date of VFD Expiration:(dd/mm/yyyy) (Cannot exceed 6 months after issuance)		
Date of VFD Issuance: (dd/mm/yyyy) Date of VFD Expiration: (dd/mm/yyyy) (Cannot exceed 6 months after issuance)		
(Cannot exceed 6 months after issuance)	Withdrawal Perio	od: No withdrawal period required.
(Cannot exceed 6 months after issuance)		
Veterinarian's signature:	Date of VFD Issuance:(dd/mm/yyyy)	
	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
 Color Y Copy – Client

Sequential VFD ID Number,
if appropriate

Veterinary Feed Directive for Swine Aureomycin®

\	(chlortetracycline)
Veterinaria	an: Client: Business or
Address:	Home Address:
Phone #:	Phone #:
FAX or em	nail: (optional) Phone #: FAX or email: (optional)

indication	is, Drug Level in Medicated Feed, and Duration of Use: (select one and specify additional required on)
	Swine: Control of porcine proliferative enteropathies (ileitis) caused by <i>Lawsonia intracellularis</i> susceptible to chlortetracycline.
	Drug Concentration:g/ton (to provide 10 mg/lb body weight/day, which is equivalent to approximately 400 g/ton)
	Duration of use:days (Feed for not more than 14 days)
2)	Swine: Treatment of bacterial enteritis caused by <i>Escherichia coli</i> and <i>Salmonella choleraesuis</i> and bacterial pneumonia caused by <i>Pasteurella multocida</i> susceptible to
	chlortetracycline. Drug Concentration: g/ton (to provide 10 mg/lb body weight/day, which is equivalent to approximately 400 g/ton)
	Duration of use:days (feed for not more than 14 days)
3)	Swine: Reduction in the incidence of cervical lymphadenitis (jowl abscesses) caused by
	Group E Streptococci susceptible to chlortetracycline.
	Drug Concentration:g/ton (50 to 100 g/ton) Duration of use:days
4)	Breeding Swine: Control of leptospirosis (reducing the incidence of abortion and shedding of <i>leptospirea</i>) caused by <i>Leptospira pomona</i> susceptible to chlortetracycline. Drug Concentration: 400 g/ton
	Duration of use:days (feed continuously for not more than 14 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.
Approxim	nate number of <i>Swine</i> to be treated:
	or Location of animals:
Special Ir	nstructions and/or other animal identifications:
Affirmati	ion 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 o
	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
a	approved, or indexed combination(s) in medicated feed that contains the VFD drug(s) as a component. (List the specific approved combination)
	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 is required.
- Date of VF	Dissuance:(dd/mm/yyyy) Date of VFD Expiration:(dd/mm/yyyy)
	(Cannot exceed 6 months after issuance)
Veterinaria	an'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 Color Y Copy – Client

Veterinary Feed Directive for Chickens Aureomycin® (chlortetracycline)

Veterinaria	in:	
Address:		Business or Home Address:
	ail: (optional)	
	, Drug Level in Medicated Feed, and Du on): Chickens: For control of infectious to chlortetracycline. Drug Concentration:g/ton	ation of Use: (select one and specify additional required synovitis caused by <i>Mycoplasma synoviae</i> susceptible (100 to 200 g/ton)
		spiratory disease (CRD) and air sac infection caused by <i>cherichia coli</i> susceptible to chlortetracycline. (200 to 400 g/ton)
	Chickens: For the reduction of mo chlortetracycline. Drug Concentration: 500 g/ton Duration of Feeding: 5 days	tality due to <i>Escherichia coli</i> infections susceptible to
Premise	or Location of animals:	ns:
Affirmati	on of Intent (for combination VFD drugs):	check the appropriate box:
	his VFD only authorizes the use of the VF uch drug(s) in combination with any other	O drug(s) cited in this order and is not intended to authorize the use of animal drugs.
• T	This VFD authorizes the use of the VFD dru pproved, or indexed combination(s) in me	g(s) cited in this order in the following FDA-approved, conditionally dicated feed that contains the VFD drug(s) as a component. approved combination)
	his VFD authorizes the use of the VFD dru	g(s) cited in this order in any FDA-approved, conditionally dicated feed that contains the VFD drug(s) as a component.
	Withdrawal Perio	od: No withdrawal period required.
Date of VF	D Issuance:(dd/mm/yyyy)	Date of VFD Expiration: (dd/mm/yyyy) (Cannot exceed 6 months after issuance)
Veterinaria	n's signature:	

Veterinary Feed Directive for Turkeys Aureomycin® (chlortetracycline)

Veterinaria	n:	Client:	
Address:		Business or Home Address:	
Phone #: FAX or em	ail: (optional)	Phone #: FAX or email: (optional)	
***************************************			******
Indications informatio	s, Drug Level in Medicated Feed, and Durati	on of Use: (select one and spe	cify additional required
_	Turkeys: Control of complicating bacter (transmissible enteritis, coronaviral en Drug level:g/ton (to provide 25 r Duration of use:days (7 to 14 d	teritis) susceptible to chlorte mg/lb body weight/day)	
2)	Turkeys: Control of infectious synovitis chlortetracycline. Drug level: 200 g/ton Duration of use:days (7 to 14 d		<i>noviae</i> susceptible to
3)	Turkeys: Control of hexamitiasis cause chlortetracycline. Drug level: 400 g/ton Duration of use:days (7 to 14 d		susceptible to
4)	Turkey Poults not over 4 weeks of age by <i>Salmonella typhimurium</i> susceptibl Drug level: 400 g/ton Duration of use: days	-	to paratyphoid caused
USE OF	FEED CONTAINING THIS VETERINARY FE DIRECTED ON THE LABELING (ED DIRECTIVE (VFD) DRUG IN	A MANNER OTHER THAN AS
	ate number of <i>Turkeys</i> to be treated:		
Premise o	or Location of animals:		
Special In	structions and/or other animal identifications:		
Affirmatio	on of Intent (for combination VFD drugs):		
	only authorizes the use of the VFD drug(s) cite combination with any other animal drugs.	ed in this order and is not intende	d to authorize the use of such
	Warning: No withdrawal period is rec for huma	quired. Do not feed to turkeys pro an consumption.	ducing eggs
Date of VF	D Issuance:(dd/mm/yyyy)	Date of VFD Expiration:_ (Cannot exceed 6 months a	(dd/mm/yyyy) after issuance)
Veterinarian	's signature:		
	•	or X Copy – Supplier py of this VFD for 2 years after issuance	Color Y Copy – Client

Veterinary Feed Directive for Ducks Aureomycin® (chlortetracycline)

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

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

Ducks: For control and treatment of fowl cholera caused by *Pasteurella multocida* susceptible to chlortetracycline.

Drug Concentration: g/ton (200 to 400 g/ton)

Duration of Feeding: ______days (for not more than 21 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 *Ducks* to be treated:

Premise or Location of animals:

Special Instructions and/or other animal identifications:

Affirmation of Intent (for combination VFD drugs):

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.

Warning: No withdrawal period required. Do not feed to ducks producing eggs for human consumption.

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 All parties m

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

Color Y Copy – Client

Sequential VFD ID Number, if appropriate

Veterinary Feed Directive for Psittacine Birds Aureomycin® (chlortetracycline)

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

Indication for Use, Drug Level, and Duration of Use:

Psittacine birds: Treatment of psittacine birds (parrots, macaws, cockatoos) suspected or known to be infected with psittacosis caused by Chlamydia psittaci sensitive to chlortetracycline.

Drug Level: 10 mg/g of feed Duration of Use: 45 days

Each bird should consume an amount of medicated feed equal to one-fifth of its body weight daily. During treatment, parrots, macaws, and cockatoos should be kept individually or in pairs in clean cages.

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 *Psittacine birds* to be treated:

Premise or Location of animals:

Special Instructions and/or other animal identifications:

Affirmation of Intent (for combination VFD drugs):

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.

Warning: Psittacosis, avian chlamydiosis, or ornithosis is a reportable communicable disease, transmissible between wild and domestic birds, other animals and man. Contact appropriate public health and regulatory officials.

Caution: Aspergilliosis may occur following prolonged treatment.

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

Color Y Copy – Client

APPENDIX A: BLANK VFD IN THE RECOMMENDED COMMON FORMAT

Veterinary Feed Directive

Veterinarian:		Client:
Address:		Address:
		(business or home)
		Phone:
Fax or email (optional):		Fax or email (optional):
Drug(s) Name:	Drug(s) Level:	g/ton Duration of use:
Species and Production class:		_ Number of reorders (refills) authorized (if permitted by the drug approval):
Indications for use (as approved):		
Caution (related to this medicated feed, if any):	·	
		DIRECTIVE (VFD) DRUG IN A MANNER OTHER THAN AS DIRECTED RALABEL USE) IS NOT PERMITTED
Approximate Number of Animals:		
Premises:		
Other Identification (e.g., age, weight) (o	ptional):	
Special Instructions (if any):		
	roved VFD combinations, one of the VFD drug(s)	neck one box)*: only the first affirmation statement should be included on the VFD) cited in this order and is not intended to authorize the use of such
		I in this order in the following FDA-approved, conditionally approved, is the VFD drug(s) as a component:
Drug(s)		Drug Level(s) and any Special Instructions
indexed combination(s) in medicate	d feed that contains t	I in this order in any FDA-approved, conditionally approved, or the VFD drug(s) as a component.
	be withdrawn	_days prior to slaughter
VFD Date of Issuance: (M	onth/Day/Year) VFD Exp	piration Date: (Month/Day/Year) (As specified in the approval; cannot exceed 6 months after issuance)
Veterinarian's Signature:		

All parties must retain a copy of this VFD for 2 years after the date of issuance. 21 CFR 558.6(a)(4)