

NEO-OXY (neomycin sulfate, oxytetracycline) Veterinary Feed Directive for use in Chickens

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

Approximate number of chickens to be treated: _____

Location of animals: _____


Special Instructions and/or other animal identifications:

Indication, Drug Level in Medicated Feed, and Duration of Use (check one):

- A)** For control of infectious synovitis caused by *Mycoplasma synoviae*; control of fowl cholera caused by *Pasteurella multocida* susceptible to oxytetracycline.
Drug level: _____ g/ton (Specify level from 100 to 200 g/ton)
Duration of use: _____ days (specify number of days from 7 to 14 days)
- B)** For control of chronic respiratory disease (CRD) and air sac infection caused by *Mycoplasma gallisepticum* and *Escherichia coli* susceptible to oxytetracycline.
Drug level: 400 g/ton
Duration of use: _____ days (specify number of days from 7 to 14 days)
- C)** For reduction of mortality due to air sacculitis (air-sac-infection) caused by *Escherichia coli* susceptible to oxytetracycline.
Drug level: 500 g/ton
Duration of use: 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 Medicated Feeds.



Residue Warnings:
Indications A and B: Do not feed to chickens producing eggs for human consumption. In low calcium feeds, withdraw 3 days before slaughter.

Indication C: Do not feed to chickens producing eggs for human consumption. Withdraw 24 hours before slaughter. In low calcium feeds, withdraw 3 days before slaughter.



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.

VFD Issuance Date: _____

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

Veterinarian's signature: _____

Copy – Supplier

Copy – Client

Original – Veterinarian