

Pennchlor (chlortetracycline) Veterinary Feed Directive for use in Swine

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

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

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

- 1) Swine: Treatment of bacterial enteritis caused by *Escherichia coli* and *Salmonella choleraesuis* and bacterial pneumonia caused by *Pasteurella multocida* susceptible to chlortetracycline.
 Drug level: _____ g/ton (approximately 400 g/ton to provide 10mg/lb BW/day) Duration of use: _____ days (feed for not more than 14 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.

▶ Residue Warnings: Zero-day withdrawal period. ◀

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))

	Drug(s) and Dose Range(s)	Specifications*
<input type="checkbox"/>	10 to 30 g/ton bacitracin methylenedisalicylate; (BMD®) [NADA 141-059]	Growing/finishing swine, pregnant sows This combination has a zero day withdrawal.
<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.

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