

Pennchlor (chlortetracycline) Veterinary Feed Directive for use in Chickens

Client: _____ Veterinarian: _____
 Business or Home Address: _____ 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 (select one and specify the additional required information):

- A)** Control of infectious synovitis caused by *Mycoplasma synoviae* susceptible to chlortetracycline.
 Drug level: _____ g/ton (100 to 200 g/ton)
 Duration of use: _____ days (7 to 14 days)
- B)** Control of chronic respiratory disease (CRD) and air sac infection caused by *Mycoplasma gallisepticum* and *Escherichia coli* susceptible to chlortetracycline.
 Drug level: _____ g/ton (200 to 400 g/ton)
 Duration of use: _____ days (7 to 14 days)
- C)** Reduction of mortality due to *Escherichia coli* infections susceptible to chlortetracycline.
 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 feed Supplements.


**Residue Warnings: Withdraw 24 hours prior to slaughter [Indication C].
 Zero day withdrawal period [Indications A and B]. Do not feed to chickens
 producing eggs for human consumption.**


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: _____

Copy – Supplier

Copy – Client

Original – Veterinarian