

Pennchlor (chlortetracycline) 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 (select one and specify the additional required information):

Broiler Chickens: For the 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.


Withdrawal Period: No withdraw period required.
 

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"/>	40 to 60 g/ton salinomycin (BIOCOX®) [NADA 140-859]	For use in broiler chickens. Not to be fed for more than 5 days. Withdraw 24 hours before slaughter.
<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: _____