Veterinary Feed Directive for Cattle
Aureomycin®
(chlortetracycline)

Sequential VFD ID Number, if appropriate

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

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

☐ 1) Growing Cattle (over 400 lb): For the reduction of the incidence of liver abscesses.
Drug Concentration: _____g/ton (to provide 70 mg/head/day)
Duration of Feeding: _____days

☐ 2) Beef Cattle: Control of bacterial pneumonia associated with shipping fever complex caused by *Pasteurella spp.* susceptible to chlortetracycline.
Drug Concentration: _____g/ton (to provide 350 mg/head/day)
Duration of Feeding: _____days

☐ 3) Beef Cattle (under 700 lb): Control of active infection of anaplasmosis caused by *Anaplasma marginale* susceptible to chlortetracycline.
Drug Concentration: _____g/ton (to provide 350 mg/head/day)
Duration of Feeding: _____days

☐ 4) Beef Cattle (over 700 lb): Control of active infection of anaplasmosis caused by *Anaplasma marginale* susceptible to chlortetracycline.
Drug Concentration: _____g/ton (to provide 0.5 mg/lb body weight/day)
Duration of Feeding: _____days

☐ 5) Beef and Non-lactating Dairy Cattle: As an aid in control of active infection of anaplasmosis caused by *Anaplasma marginale* susceptible to chlortetracycline when delivered in a free-choice feed.
Drug Concentration:

- ☐ 8000 g/ton (to provide 0.5 to 2.0 mg/lb body weight/day)
  [Must use an FDA-approved proprietary formulation.]
- ☐ 6000 g/ton (to provide 0.5 to 2.0 mg/lb body weight/day)
  [Must use an FDA-approved proprietary formulation or the FDA-approved formulation in 21 CFR 558.128(e)(6).]
- ☐ 5000 g/ton (to provide 0.5 to 2.0 mg/lb body weight/day)
  [Must use an FDA-approved proprietary formulation.]
- ☐ 700 g/ton (to provide 0.5 to 2.0 mg/lb body weight/day)
  [Must use an FDA-approved proprietary formulation.]

Duration of Feeding: _____days

☐ 6) Calves, Beef and Non-Lactating Dairy Cattle: Treatment of bacterial enteritis caused by *Escherichia coli* and bacterial pneumonia caused by *Pasteurella multocida* organisms susceptible to chlortetracycline.
Drug Concentration:

- ☐ **Complete Feed** _____g/ton (500 to 4,000 g/ton to provide 10 mg/lb body weight/day)
- ☐ **Top Dress** _____g/ton (4000 to 20,000 g/ton to provide 10 mg/lb body weight/day)

Duration of Feeding:_____ days (Feed for not more than 5 days)

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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 ***Cattle*** to be treated: _____

Premises or Location of cattle: _____

Special Instructions and/or other animal identifications:

Affirmation 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 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)

☐ 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.

Warning: No withdrawal period is required. 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: _____

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