Veterinary Feed Directive For Cattle
AUREOMYCIN®
(chlortetracycline)

Veterinarian: _____ **Client:** _____

Address: _____ **Business/Home Address:** _____

Phone: _____ **Phone:** _____

Fax or Email (optional): _____ **Fax or Email (optional):** _____

Indications for Use, 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 and Dairy Replacement Heifers: Control of bacterial pneumonia associated with shipping fever complex caused by *Pasteurella spp.* susceptible to chlortetracycline.
Drug Concentration: _____ g/ton (20 to 350 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 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 a FDA-approved proprietary formulation.]
- ☐ 700 g/ton (to provide 0.5 to 2.0 mg/lb body weight/day)
  [Must use a 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 (4,000 to 20,000 g/ton to provide 10 mg/lb body weight/day)

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

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 withdrawl period is required when used according to label. This drug is not approved for use in female dairy cattle 20 months of age or older, including dry dairy cows. Use in these cattle may cause drug residues in milk and/or in calves born to these cows. A withdrawal period has not been established for this product in pre-ruminating calves. Do not use in calves to be processed for veal.

☐ Drug product substitution is not allowed if checked

Date of VFD Issuance: _____ (dd/mm/yyyy)

Date of VFD Expiration: _____ (dd/mm/yyyy)
(Cannot exceed 6 months after issuance)

Veterinarian's signature: _____

WHITE Original - Veterinarian **CANARY Copy - Supplier** **PINK Copy - Client**

All parties must retain a copy of this VFD for 2 years after issuance.