



**Veterinary Feed Directive for Psittacine Birds
Aureomycin®
(chlortetracycline)**

Veterinarian: _____

Client: _____

Address: _____

Business or Home Address: _____

Phone #: _____

Phone #: _____

FAX or email: (optional) _____

FAX or email: (optional) _____

Indication for Use, Drug Level, and Duration of Use:

Psittacine birds: Treatment of psittacine birds (parrots, macaws, cockatoos) suspected or known to be infected with psittacosis caused by *Chlamydia psittaci* sensitive to chlortetracycline.

Drug Level: 10 mg/g of feed

Duration of Use: 45 days

Each bird should consume an amount of medicated feed equal to one-fifth of its body weight daily. During treatment, parrots, macaws, and cockatoos should be kept individually or in pairs in clean cages.

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 *Psittacine birds* to be treated: _____

Premise or Location of animals: _____

Special Instructions and/or other animal identifications:

Affirmation of Intent (for combination VFD drugs):

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.

Warning: Psittacosis, avian chlamydiosis, or ornithosis is a reportable communicable disease, transmissible between wild and domestic birds, other animals and man. Contact appropriate public health and regulatory officials.

Caution: Aspergilliosis may occur following prolonged treatment.

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