



**Veterinary Feed Directive for Ducks
Aureomycin®
(chlortetracycline)**

Veterinarian: _____

Client: _____

Address: _____

Business or Home Address: _____

Phone #: _____

Phone #: _____

FAX or email: (optional) _____

FAX or email: (optional) _____

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

Ducks: For control and treatment of fowl cholera caused by *Pasteurella multocida* susceptible to chlortetracycline.

Drug Concentration: _____ g/ton (200 to 400 g/ton)

Duration of Feeding: _____ days (for not more than 21 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 **Ducks** 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:** No withdrawal period required.
Do not feed to ducks producing eggs for human consumption. 

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