Veterinary Feed Directive for Cattle
ChlorMax®
(chlortetracycline)

Veterinarian:_____ Client: _____

Business or

Address: _____ Home Address:_____

_____ _____

Phone #: _____ Phone #: _____

FAX or email: (optional) _____ FAX or email: (optional) _____

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Indications, Drug Level, 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 level:_____g/ton (to achieve 70 mg/head/day)
Duration of use:_____days

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

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

☐ 4) Beef Cattle (over 700 lb): Control of active infection of anaplasmosis caused by *Anaplasma marginale* susceptible to chlortetracycline.
Drug level:_____g/ton (to achieve 0.5 mg/lb BW/day)
Duration of use:_____days

☐ 5) 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 level:_____g/ton (to achieve 10 mg/lb BW/day)
Duration of use: 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: _____

Premise 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: A withdrawal period has not been established for this product in pre-ruminating calves. Do not use in calves to be processed for veal.
Indication 1: No withdrawal period required.
Indications 2, 3, 4: Withdraw 48 hrs prior to slaughter.
Indication 5: Withdraw 24 hrs prior to slaughter.

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