



Veterinary Feed Directive for Turkeys ChlorMax® (chlortetracycline)

Veterinarian: _____

Client: _____

Address: _____

Business or Home Address: _____

Phone #: _____

Phone #: _____

FAX or email: (optional) _____

FAX or email: (optional) _____

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

1) Turkeys: Control of complicating bacterial organisms associated with bluecomb (transmissible enteritis, coronaviral enteritis) susceptible to chlortetracycline.

Drug level: _____ g/ton (to deliver 25 mg/lb BWT/day)

Duration of use: _____ days (7 to 14 days)

2) Turkeys: Control of infectious synovitis caused by *Mycoplasma synoviae* susceptible to chlortetracycline.

Drug level: 200 g/ton

Duration of use: _____ days (7 to 14 days)

3) Turkeys: Control of hexamitiasis caused by *Hexamita meleagridis* susceptible to chlortetracycline.

Drug level: 400 g/ton

Duration of use: _____ days (7 to 14 days)

4) Turkey Poults not over 4 weeks of age: Reduction of mortality due to paratyphoid caused by *Salmonella typhimurium* susceptible to chlortetracycline.

Drug level: 400 g/ton

Duration of use: _____ 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 **Turkeys** 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:** Do not feed to turkeys producing eggs for human consumption.
Indications 1, 2, 3, 4: No withdrawal period required. ◀

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

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

Veterinarian's signature: _____