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**Veterinary Feed Directive for Chickens
(Broiler and replacement - breeder and layer)
RofenAid®
(sulfadimethoxine/ormethoprim)**

Veterinarian: _____

Client: _____

Address: _____

Business or Home Address: _____

Phone #: _____

Phone #: _____

FAX or email: (optional) _____

FAX or email: (optional) _____

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

- 1) **Chickens:** As an aid in the prevention of coccidiosis caused by *Eimeria tenella*, *E. necatrix*, *E. acervulina*, *E. maxima*, *E. brunetti* and *E. mivati*; as an aid in the prevention of bacterial infections caused by *Haemophilus gallinarum* (infectious coryza), *Escherichia coli* (colibacillosis) and *Pasteurella multocida* (fowl cholera).

Drug level: 113.5 g sulfadimethoxine and 68.1 g ormethoprim per 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 **Chickens** 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: Withdraw 5 days before slaughter.
Do not feed to chickens over 16 weeks (112 days) of age.

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