



**Veterinary Feed Directive for Chukar Partridge
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)

Chukar Partridge (young birds up to 8 weeks of age): For the prevention of coccidiosis caused by *Eimeria kofoidi* and *E. legionensis*.

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 **Chukar Partridge** 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.

Caution: The safety of feeding RofenAid to breeding stock has not been established.

 **Withdrawal Period:** No withdrawal period is required. 

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