



**Veterinary Feed Directive for Ducks**  
**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) **Ducks:** As an aid in the control of *Pasteurella multocida* (fowl cholera) in ducks including breeding ducks.

**Drug level:** 227 g sulfadimethoxine and 136.2 g ormethoprim per ton

**Duration of use:** 7 days

2) **Ducks:** As an aid in the control of *Escherichia coli*, *Riemerella anatipestifer* (strains 2, 3 & 4) and severe challenge of *P. multocida* (fowl cholera).

**Drug level:** 454 g sulfadimethoxine and 272.4 g ormethoprim per ton

**Duration of use:** 7 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 **Ducks** to be treated: \_\_\_\_\_

Premise or Location of animals: \_\_\_\_\_

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.

**Caution:** Medication should be started at the first sign of infection.

**For indication 2 only:** Not for breeding ducks. The safety of feeding sulfadimethoxine and ormetoprim at levels higher than 0.025% and 0.015%, respectively, in breeding ducks has not been established.



**Warning:** Withdraw 5 days before slaughter.  
Do not feed to ducks producing eggs for food.



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