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## Veterinary Feed Directive

Veterinarian: \_\_\_\_\_

Client: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax or email (optional): \_\_\_\_\_

Fax or email (optional): \_\_\_\_\_

Drug(s): \_\_\_\_\_ Drug Level: \_\_\_\_\_ g/ton Duration of Use: \_\_\_\_\_

No substitutions allowed

Species and production class: \_\_\_\_\_ **No refills/reorders authorized**

Indications for use: \_\_\_\_\_

Caution (if any): \_\_\_\_\_

**USE OF FEED CONTAINING THIS VETERINARY FEED DIRECTIVE (VFD) DRUG IN A MANNER OTHER THAN AS DIRECTED ON THE LABELING (EXTRALABEL USE) IS NOT PERMITTED**

Approximate number of animals: \_\_\_\_\_

Premises: \_\_\_\_\_

Other identification (e.g., age, weight) (optional): \_\_\_\_\_

Special instructions (if any): \_\_\_\_\_

**Affirmation of intent (for combination VFD drugs) (mark one statement)\***

(\*For VFD drugs for which there are no approved VFD combinations, only the first affirmation statement should be marked)

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:

Drug(s)	Drug Level(s) and Any Special Instructions

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.

▶ Withdrawal time (if any): This VFD must be withdrawn \_\_\_\_ days prior to slaughter ◀

VFD date of issuance (month/day/year): \_\_\_\_\_

VFD expiration date (month/day/year): \_\_\_\_\_

(As specified in the approval; cannot exceed 6 months after issuance)

Veterinarian's signature: \_\_\_\_\_

**All parties must retain a copy of this VFD for 2 years after the date of issuance**

