Pharmgate
ANIMAL HEALTH

Sequential VFD ID Number

# ***Pennchlor®*** (chlortetracycline) Veterinary Feed Directive for use in Swine

Client: _____ Veterinarian: _____

Business or Home Address: _____ Address: _____

_____ _____

Phone #: _____ Phone #: _____

Approximate number of *swine* to be treated: _____

Location of animals: _____

Special Instructions and/or other animal identifications:

**Indication, Drug Level in Medicated Feed, and Duration of Use (select one and specify the additional required information):**

☐ **A)** Reducing the incidence of cervical lymphadenitis (jowl abscesses) caused by group E streptococci susceptible to chlortetracycline.

Drug level: _____ g/ton (50 to 100 g/ton)

Duration of use: _____ days

☐ **B)** Treatment of bacterial enteritis caused by *Escherichia coli* and *Salmonella* Choleraesuis and bacterial pneumonia caused by *Pasteurella multocida* susceptible to chlortetracycline.

Drug level: _____ g/ton (400-2,000 g/ton to provide 10 mg / lb body weight / day)

Duration of use: _____ days (1 to 14 days)

**Caution: 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.**

**For use in Dry Feeds Only. Not for Use in Liquid feed Supplements.**

▶ **Withdrawal Periods: Zero-day withdrawal period.** ◀

**Combination Use:**

☐ 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. (List the specific approved combination(s))

_____

_____

☐ 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.

VFD Issuance Date: _____

VFD Expiration Date _____
Month/Day/Year
(Not to exceed 6 months from issuance date)

Veterinarian's signature _____

Rev. September 2, 2025

**Original – Veterinarian** **Copy – Supplier** **Copy – Client**