Pharmgate ANIMAL HEALTH

Sequential VFD ID Number

Pennchlor® (chlortetracycline) Veterinary Feed Directive for use in Cattle

Client: _____ Veterinarian: _____

Business or _____ Address: _____

Home Address: _____ _____

Phone #: _____ Phone #: _____

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

☐ 1.) Growing Cattle (over 400 lb): For the reduction of the incidence of liver abscesses.
Drug Level: _____ g/ton (to achieve 70 mg/head/day)
Duration of Use: _____ days

☐ 2.) Beef Cattle: Control of bacterial pneumonia associated with shipping fever complex caused by *Pasteurella spp.* susceptible to chlortetracycline.
Drug Level: _____ g/ton (to achieve 350 mg/head/day)
Duration of Use: _____ days

☐ 3.) Beef Cattle (under 700 lb): Control of active infection of anaplasmosis caused by *Anaplasma marginale* susceptible to chlortetracycline.
Drug Level: _____ g/ton (to achieve 350 mg/head/day)
Duration of Use: _____ days

☐ 4.) Beef Cattle (over 700 lb): Control of active infection of anaplasmosis caused by *Anaplasma marginale* susceptible to chlortetracycline.
Drug Level: _____ g/ton (to achieve 0.5 mg/lb body weight/day)
Duration of Use: _____ days

☐ 5.) Calves, Beef and Non-Lactating Dairy Cattle: Treatment of bacterial enteritis caused by *Escherichia coli* and bacterial pneumonia caused by *Pasteurella multocida* organisms susceptible to chlortetracycline.
Drug Level: _____ g/ton (to achieve 10 mg/lb body weight/day)
Duration of Use: _____ days (Feed for not more than 5 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 ***Cattle*** to be treated: _____

Premises 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 uses 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) and Dose Range(s) [all listed doses are 90% DM basis]	Specifications*
☐ 12.9 to 90.8 g/ton decoquinate to provide 22.7 mg/100 lb body weight per day decoquinate (DECCOX®) [NADA 141-147]	Calves, beef and non-lactating dairy cattle
☐ 90.9 to 535.7 g/ton decoquinate to provide 22.7 mg/100 lb body weight per day decoquinate (DECCOX®) [NADA 141-147]	Calves, beef and non-lactating dairy cattle
☐ Other FDA-approved, conditionally approved, or indexed combination:	

*for complete information see the approved Type C medicated feed label

☐ 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 PERIODS AND RESIDUE WARNINGS: A withdrawal period has not been established for this product in pre-ruminating calves. Do not use in calves to be processed for veal.
Indication 1, 2, 3, 4: No withdrawal period required.
Indication 5: Withdraw 24 hrs prior to slaughter.

VFD Expiration Date: _____ month/day/year (Not to exceed 6 months from issuance date)

Veterinarian's Signature: _____ Date of Issuance (Month/Day/Year): _____

Rev. November 4, 2025

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