Pharmgate ANIMAL HEALTH

Sequential VFD ID Number

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

Client: _____ Veterinarian: _____

Business or Address: _____ _____

Home Address: _____ _____

Phone #: _____ Phone #: _____

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

☐ 1.) Swine: Treatment of bacterial enteritis caused by *Escherichia coli* and *Salmonella* Choleraesuis and bacterial pneumonia caused by *Pasteurella multocida* organisms susceptible to chlortetracycline.
Drug Level: _____ g/ton (approximately 400 g/ton to provide 10 mg/lb BW/day)
Duration of Use: _____ days (feed for not more than 14 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 ***Swine*** 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.

☐ 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)	Specifications*
☐ 10 to 30 g/ton bacitracin (as feed grade bacitracin methylenedisalicylate); (BMD®) [NADA 141-059]	Growing/finishing swine This combination has a zero day withdrawal.
☐ 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) 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: No withdrawal period required when used according to labeling.

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

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

Rev. October 2, 2025

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