Pharmgate
ANIMAL HEALTH

Sequential VFD ID Number

Deracin™ (chlortetracycline) Veterinary Feed Directive for use in Breeding Sheep

Client: _____ Veterinarian: _____

Business or Home Address: _____ Address: _____

_____ _____

_____ _____

Phone #: _____ Phone #: _____

Approximate number of ***Breeding Sheep*** to be treated: _____

Location of animals: _____

Special Instructions and/or other animal identifications:

Indication, Drug Level, and Duration of Use:

Breeding Sheep: Reduction in the incidence of (vibronic) abortions caused by *Campylobacter fetus* infection susceptible to chlortetracycline.

Drug Level: _____ g/ton (to provide 80 mg/head/day)

Duration of Feeding: _____ 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.

Affirmation of Intent (for combination VFD drugs**):**

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.

WITHDRAWAL PERIOD
No withdrawal period is required when used according to labeling.

VFD Issuance Date: _____

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

Veterinarian's signature: _____

Approved by FDA under ANADA # 200-510

Rev. June 2, 2025

Copy - Supplier

Copy – Client

Copy – Feed Mill