

Deracin™ (chlortetracycline) Veterinary Feed Directive for use in Chickens

Client: _____ Veterinarian: _____
Business or _____
Home _____
Address: _____
_____ Address: _____
_____ Phone #: _____ Phone #: _____

Approximate number of **Chickens** to be treated: _____

Location of animals: _____

Special Instructions and/or other animal identifications:

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

- ☐ **A)** For control of infectious synovitis caused by *Mycoplasma synoviae* susceptible to chlortetracycline.
Drug Concentration: _____ g/ton (100 to 200 g/ton)
Duration of Feeding: _____ days (7 to 14 days)
- ☐ **B)** For control of chronic respiratory disease (CRD) and air sac infection caused by *Mycoplasma gallisepticum* and *Escherichia coli* susceptible to chlortetracycline.
Drug Concentration: _____ g/ton (200 to 400 g/ton)
Duration of Feeding: _____ days (7 to 14 days)
- ☐ **C)** For the reduction of mortality due to *Escherichia coli* infections susceptible to chlortetracycline.
Drug Concentration: 500 g/ton
Duration of Feeding: 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.

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. (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.

 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: _____