Pharmgate
ANIMAL HEALTH

Sequential VFD ID Number

Deracin™ (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:

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

☐ **A)** Swine: Control of porcine proliferative enteropathies (ileitis) caused by *Lawsonia intracellularis* susceptible to chlortetracycline.

Drug Concentration: _____ g/ton (to provide 10 mg/lb body weight/day, which is equivalent to approximately 400 g/ton)

Duration of use: _____ days (Feed for not more than 14 days)

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

Drug Concentration: _____ g/ton (to provide 10 mg/lb body weight/day, which is equivalent to approximately 400 g/ton)

Duration of use: _____ days (Feed for not more than 14 days)

☐ **C)** Swine: Reduction in the incidence of cervical lymphadenitis (jowl abscesses) caused by Group E *Streptococci* susceptible to chlortetracycline.

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

Duration of use: _____ days

☐ **D)** Breeding Swine: Control of leptospirosis (reducing the incidence of abortion and shedding of *leptospirea*) caused by *Leptospira pomona* susceptible to chlortetracycline.

Drug Concentration: 400 g/ton

Duration of use: _____ days (feed continuously 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.

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.

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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