

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

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

Approximate number of **Turkeys** 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)** Turkeys: Control of complicating bacterial organisms associated with bluecomb (transmissible enteritis, coronaviral enteritis) susceptible to chlortetracycline.
Drug level: _____ g/ton (to provide 25 mg/lb body weight/day)
Duration of use: _____ days (7 to 14 days)
- ☐ **B)** Turkeys: Control of infectious synovitis caused by *Mycoplasma synoviae* susceptible to chlortetracycline.
Drug level: 200 g/ton
Duration of use: _____ days (7 to 14 days)
- ☐ **C)** Turkeys: Control of hexamitiasis caused by *Hexamita meleagridis* susceptible to chlortetracycline.
Drug level: 400 g/ton
Duration of use: _____ days (7 to 14 days)
- ☐ **D)** Turkey poults not over 4 weeks of age: Reduction of mortality due to paratyphoid caused by *Salmonella typhimurium* susceptible to chlortetracycline.
Drug level: 400 g/ton
Duration of use: _____ 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 AND RESIDUE WARNINGS
No withdrawal period is required when used according to labeling.
Do not feed to turkeys producing eggs for human consumption.



VFD Issuance Date: _____

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

Veterinarian's signature: _____