

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

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

Approximate number of **Cattle** 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) Growing Cattle (over 400 lbs):** For the reduction of the incidence of liver abscesses.
Drug Concentration: _____ g/ton (to provide 70 mg/head/day)
Duration of Feeding: _____ days
- ☐ **B) Beef Cattle and Dairy Replacement Heifers:** For the control of bacterial pneumonia associated with shipping fever complex caused by *Pasteurella* spp. susceptible to chlortetracycline.
Drug Concentration: _____ g/ton (20 to 350 g/ton to provide 350 mg/head/day)
Duration of Feeding: _____ days
- ☐ **C) Beef Cattle (under 700 lbs.):** Control of active infection of anaplasmosis caused by *Anaplasma marginale* susceptible to chlortetracycline.
Drug Concentration: _____ g/ton (to provide 350 mg/head/day)
Duration of Feeding: _____ days
- ☐ **D) Beef Cattle (over 700 lbs.):** Control of active infection of anaplasmosis caused by *Anaplasma marginale* susceptible to chlortetracycline.
Drug Concentration: _____ g/ton (to provide 0.5 mg/lb body weight/day)
Duration of Feeding: _____ days
- ☐ **E) Beef and Non-lactating Dairy Cattle:** As an aid in control of active infection of anaplasmosis caused by *Anaplasma marginale* susceptible to chlortetracycline when delivered in a free-choice feed.
Drug Concentration: _____ g/ton (to provide 0.5 to 2.0 mg/lb body weight/day)
Duration of Feeding: _____ days
- ☐ **F) Calves, Beef, and Non-lactating Dairy Cattle:** For treatment of bacterial enteritis caused by *Escherichia coli* and bacterial pneumonia caused by *Pasteurella multocida* organisms susceptible to chlortetracycline.
Drug Concentration:
☐ **Complete Feed** _____ g/ton (500 to 4,000 g/ton to provide 10 mg/lb body weight/day)
☐ **Top Dress** _____ g/ton (4,000 to 20,000 g/ton to provide 10 mg/lb body weight/day)
Duration of Feeding: _____ days (Feed for not more than 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.

Drug(s) and Dose Range(s) [all listed doses are 90% DM basis]	Specifications*
☐ 12.9 to 90.8 g/ton decoquinatate to provide 22.7 mg per 100 lb body weight day (Deccox®) [ANADA 200-622]	Calves, beef, and non-lactating dairy cattle.
☐ 90.9 to 535.7 g/ton decoquinatate to provide 22.7 mg per 100 lb body weight day (Deccox®) [ANADA 200-622]	Calves, beef, and non-lactating dairy cattle.
☐ 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) 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 Periods and Residue Warnings

No withdrawal period is required when used according to label. This drug is not approved for use in female dairy cattle 20 months of age or older, including dry dairy cows. Use in these cattle may cause drug residues in milk and/or in calves born to these cows. A withdrawal period has not been established for this product in pre-ruminating calves. Do not use in calves to be processed for veal.

VFD Issuance Date: _____

VFD Expiration Date: _____

Month/Day/Year
(Not to exceed 6 months from issuance date)

Veterinarian's signature: _____

Rev. October 8, 2025

Copy - Supplier

Copy – Client

Copy – Feed Mill