

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:

Indication, Drug Level in Medicated Feed, and Duration of Use (select one and specify the additional required information):

- A) Reducing the incidence of cervical lymphadenitis (jowl abscesses) caused by *Group E Streptococci* susceptible to chlortetracycline.**
 Drug level: _____ g/ton (50 to 100 g/ton)
 Duration of use: _____ days

- B) Control of porcine proliferative enteropathis (ileitis) caused by *Lawsonia intracellularis* susceptible to chlortetracycline. Treatment of bacterial enteritis caused by *Escherichia coli* and *Salmonella choleraesuis* and bacterial pneumonia caused by *Pasteurella multocida* susceptible to chlortetracycline.**
 Drug level: _____ g/ton in order to provide 10 mg/lb body weight / day
 Duration of use: _____ days (1 to 14 days)

Caution: 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.

For use in Dry Feeds Only. Not for Use in Liquid feed Supplements.

► Residue Warnings: Zero-day withdrawal period. ◀

Combination Use:

- 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.

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

Veterinarian's signature: _____