

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

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

Approximate number of animals 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) Growing Cattle (over 400 lbs):** For the reduction of the incidence of liver abscesses.
 Drug level: _____ g/ton (to provide 70 mg/head/day)
 Duration of use: _____ 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 level: _____ g/ton (20 to 350 g/ton to provide 350 mg/head/day)
 Duration of use: _____ days

- C) Beef Cattle (under 700 lbs.):** Control of active infection of anaplasmosis caused by *Anaplasma marginale* susceptible to chlortetracycline.
 Drug level: _____ g/ton (to provide 350 mg/head/day)
 Duration of use: _____ days

- D) Beef Cattle (over 700 lbs.):** Control of active infection of anaplasmosis caused by *Anaplasma marginale* susceptible to chlortetracycline.
 Drug level: _____ g/ton (to provide 0.5 mg/lb body weight/day)
 Duration of use: _____ 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 level: _____ g/ton (to provide 0.5 to 2.0 mg/lb body weight/day)
 Duration of use: _____ 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.

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.

	Drug(s) and Dose Range(s) [all listed doses are 90% DM basis]	Specifications*
<input type="checkbox"/>	Melengestrol acetate (dry or liquid) at 0.25 to 2 g/ton (0.125 to 1 mg/lb) to provide 0.25 to 0.5 mg/head/day (MGA® 100/MGA® 200/MGA® 500) [NADA 141-530]	Growing beef heifers fed in confinement for slaughter.
<input type="checkbox"/>	Melengestrol acetate (dry or liquid) at 0.5 to 2 g/ton (0.25 to 1 mg/lb) to provide 0.5 mg/head/day (MGA® 100/ MGA® 200/MGA® 500) [NADA 141-530]	Replacement dairy and beef heifers.
<input type="checkbox"/>	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: _____

Original – Veterinarian

Copy – Supplier
All parties must retain a copy of this VFD for 2 years after issuance

Copy - Client