

## **Pennchlor** (chlortetracycline) Veterinary Feed Directive for use in Chickens

Client: \_\_\_\_\_ Veterinarian: \_\_\_\_\_  
 Business or Home Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Approximate number of *chickens* 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):**

Reduction of mortality due to *Escherichia coli* infections susceptible to chlortetracycline.  
 Drug level: 500 g/ton  
 Duration of use: 5 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.**


**Withdrawal Period:** No withdrawal period required.
 

**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))

	Drug(s) and Dose Range(s)	Specifications*
<input type="checkbox"/>	90 to 110 g/ton monensin (COBAN®) [NADA 121-553]	For use in broiler chickens. Not to be fed continuously for more than 5 days. Do not feed Coban to chickens over 16 weeks of age. Withdraw 24 hours before slaughter.
<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.

VFD Issuance Date: \_\_\_\_\_

VFD Expiration Date: \_\_\_\_\_

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

Veterinarian's signature: \_\_\_\_\_

**Copy – Supplier**

**Copy – Client**

**Original – Veterinarian**