

Pennox[®] (oxytetracycline) Veterinary Feed Directive for use in Calves, Beef Cattle and Nonlactating Dairy Cattle

Client: _____ Veterinarian: _____
Business or Home 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 additional required information):

- A) For Growing Cattle (over 400 lbs):** For the reduction of the incidence of liver abscesses.
Drug level: _____ g/ton in order to provide 75 mg/head/day
Duration of use: _____ days
- B) For Cattle:** For the prevention and treatment of the early stages of the shipping fever complex.
Drug level: _____ g/ton in order to provide 0.5 to 2.0 g/head/day
Duration of use: _____ days (3 to 5 days)
- C) For Calves, Beef, and Nonlactating Dairy Cattle:** For treatment of bacterial enteritis caused by *Escherichia coli* and bacterial pneumonia (shipping fever complex) caused by *Pasteurella multocida* susceptible to oxytetracycline.
Drug level: _____ g/ton in order to provide 10 mg/lb body weight/day
Duration of use: _____ days (7 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.

Withdrawal Periods and Residue Warnings: This drug product 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. 5-day withdrawal period at 10 mg/lb body weight/day use level. No withdrawal period is required when used according to labeling at 75 mg/head/day and 0.5-2.0 g/head/day use levels.

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.

VFD Issuance Date: _____

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

Veterinarian's signature: _____

Original – Veterinarian

Copy – Supplier

Copy – Client

All parties must retain a copy of this veterinary feed directive for 2 years after issuance.