

# Pennox<sup>®</sup> (oxytetracycline) Veterinary Feed Directive for use in Chickens

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)** Control of infectious synovitis caused by *Mycoplasma synoviae*; control of fowl cholera caused by *Pasteurella multocida* sensitive to oxytetracycline.  
Drug level: \_\_\_\_\_ g/ton (100 to 200 g/ton)  
Duration of use: \_\_\_\_\_ days (7 to 14 days)
- B)** Control of chronic respiratory disease (CRD) and air sac infection caused by *Mycoplasma gallisepticum* and *Escherichia coli* susceptible to oxytetracycline.  
Drug level: 400 g/ton  
Duration of use: \_\_\_\_\_ days (7 to 14 days)
- C)** Reduction of mortality due to air sacculitis (air sac infection) caused by *Escherichia coli* susceptible to oxytetracycline.  
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.**

**For use in dry feeds only. Not for use in liquid feed supplements.**

**Withdrawal Periods and Residue Warnings:** Do not feed to chickens producing eggs for human consumption. Do not use in low calcium feed containing less than 0.55% dietary calcium. Use in such feeds may result in violative residues. 24 hour withdrawal period at 500 g/ton use level. No withdrawal period is required when used according to labeling at 100-200 g/ton and 400 g/ton 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.**