Pharmgate
ANIMAL HEALTH

Sequential VFD ID Number

Pennox® (oxytetracycline) Veterinary Feed Directive for use in Honey Bees

Client: _____ Veterinarian: _____

Business or Home Address: _____ Address: _____

_____ _____

_____ _____

Phone #: _____ Phone #: _____

Approximate number of colonies to be treated: _____

Location of animals: _____

Special Instructions and/or other animal identifications:

Indication

For control of American Foulbrood caused by *Paenibacillus larvae*, and European Foulbrood caused by *Melissococcus plutonius* susceptible to oxytetracycline.

Drug Level and Duration of Use (select one)

☐ **Dusting Type C medicated feed**

Drug level: 200 mg oxytetracycline per ounce; 1 ounce per colony

Duration of use: Every 4 to 5 days for a total of 3 applications.

☐ **Syrup Type C medicated feed**

Drug level: 200 mg oxytetracycline per 5 pounds; 5 pounds per colony

Duration of use: Every 4 to 5 days for a total of 3 applications.

☐ **Extender Patty Type C medicated feed**

Drug level: 800 mg oxytetracycline per patty; 1 patty per colony

Duration of use: Single application.

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.

CAUTION: Dusting of uncapped brood cells has been reported to cause death of larval honey bees. Do not dust uncapped brood cells.

Withdrawal Periods and Residue Warnings: Remove at least 6 weeks prior to main honey flow. Type C medicated feeds should be fed in the spring or fall and consumed by the bees before main honey flow begins to avoid contamination of production honey. Honey stored during medication periods in combs for surplus honey should be removed following final medication of the bee colony and must not be used for human food.

WARNING: Do not use in a manner contrary to state apiary laws and regulations. Each state has specific regulations relative to disease control and medications. Contact the appropriate official or state departments of agriculture for specific inter- and intrastate laws and regulations.

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.

Pharmgate
ANIMAL HEALTH

Sequential VFD ID Number

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.

Approved by FDA under NADA # 138-938