



Sequential VFD ID Number

**Deracin (chlortetracycline) Veterinary Feed Directive for use in Breeding Sheep**

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 (specify the additional required information):**

For reducing the incidence of (vibrionic) abortion caused by *Campylobacter fetus* infection susceptible to chlortetracycline in breeding sheep.  
Drug level: \_\_\_\_\_ g/ton in order to provide 80 mg / head / day  
Duration of use: \_\_\_\_\_ 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.**

**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