Pharmgate ANIMAL HEALTH

Sequential VFD ID Number

Deracin (chlortetracycline) 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 the 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 70 mg / head / day

Duration of use: _____ days

☐ **B)** For Beef Cattle: For the control of bacterial pneumonia associated with shipping fever complex caused by *Pasteurella* spp. susceptible to chlortetracycline. [1]

Drug level: _____ g/ton in order to provide 350 mg / head / day

Duration of use: _____ days

☐ **C)** For Beef Cattle (under 700 lbs.): Control of active infection of anaplasmosis caused by *Anaplasma marginale* susceptible to chlortetracycline.

Drug level: _____ g/ton in order to provide 350 mg / head / day

Duration of use: _____ days

☐ **D)** For Beef Cattle (over 700 lbs.): Control of active infection of anaplasmosis caused by *Anaplasma marginale* susceptible to chlortetracycline.

Drug level: _____ g/ton in order to provide 0.5 mg/lb body weight / day

Duration of use: _____ days

☐ **E)** For Beef and Nonlactating Dairy Cattle: As an aid in control of active infection of anaplasmosis caused by *Anaplasma marginale* susceptible to chlortetracycline when delivered in a free-choice feed.

Drug level: _____ g/ton in order to provide 0.5 to 2.0 mg/lb body weight / day

Duration of use: _____ days

☐ **F)** For Calves, Beef, and Nonlactating Dairy Cattle: For treatment of bacterial enteritis caused by *Escherichia coli* and bacterial pneumonia caused by *Pasteurella multocida* organisms susceptible to chlortetracycline.

Drug Concentration:

☐ **Complete Feed** _____ g/ton (500 to 4,000 g/ton to provide 10 mg/lb body weight / day)[2]

☐ **Top Dress** _____ g/ton (4,000 to 20,000 g/ton to provide 10 mg/lb body weight / day)

Duration of Feeding: _____ days (Feed for not more than 5 days)

[1,2] When used in combination with 30 to 181.8 g/ton lasalocid to provide 1 mg/2.2 lb body weight per day, this indication is only for use in cattle weighing up to 800 lbs.

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.

Residue Warning: Zero-day withdrawal period. A withdrawal period has not been established for this product in pre-ruminating calves. Do not use in calves to be processed for veal.

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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.

	Drug(s) and Dose Range(s) [all listed doses are 90% DM basis]	Specifications*
☐	10 to 30 g/ton lasalocid to provide 100 to 360 mg per head per day (BOVATEC®) [ANADA 200-617]	Cattle fed in confinement for slaughter.
☐	25 to 30 g/ton lasalocid to provide 250 to 360 mg per head per day (BOVATEC®) [ANADA 200-617]	Cattle fed in confinement for slaughter.
☐	30 to 600 g/ton lasalocid to provide 60 to 360 mg per head per day (BOVATEC®) [ANADA 200-617]	Pasture cattle (slaughter, stocker, feeder cattle, dairy and beef replacement heifers).
☐	30 to 181.8 g/ton lasalocid to provide 1 mg per 2.2 lb bodyweight per day (maximum 360 mg lasalocid daily) (BOVATEC®) [ANADA 200-617]	
☐	Other FDA-approved, conditionally approved, or indexed combinations:	

*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: _____

Original – Veterinarian **Copy – Supplier** **Copy - Client**