Pharmgate
ANIMAL HEALTH

Sequential VFD ID Number

Pennox *(*oxytetracycline) Veterinary Feed Directive for use in Chickens

Client: _____ Veterinarian: _____

Business or Home Address: _____ Address: _____

_____ _____

_____ _____

Phone #: _____ Phone #: _____

Approximate number of chickens 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)** 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.

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 feed may result in violative residues. Zero-day withdrawal period [Indication A and B]. 24 hour withdrawal period [Indication C].

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: _____

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