![Pharmgate Animal Health logo]

Deracin (chlortetracycline) Veterinary Feed Directive for use in Swine

Client: _____ Veterinarian: _____

Business or
Home   _____ Address: _____
Address: _____   _____
              _____   _____
Phone #:   _____ Phone #:   _____

Approximate number of *swine* to be treated: _____

Location of animals: _____

Special Instructions and/or other animal identifications:

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Indication, Drug Level, and Duration of Use (specify the additional required information):

☐ Swine: Treatment of bacterial enteritis caused by *Escherichia coli* and *Salmonella choleraesuis* and bacterial pneumonia caused by *Pasteurella multocida* susceptible to chlortetracycline.

        Drug level: _____ g/ton (to provide 10 mg/lb body weight/day, which is equivalent to approximately 400 g/ton)

        Duration of use: _____ days (Feed continuously as the sole ration for 14 days)

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.

► **Warning:** No withdrawal period required. ◄

Affirmation of Intent (for combination VFD drugs): check the appropriate box:

☐ 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)	Specification
☐	Tiamulin hydrogen fumarate at 35 g/ton (supplied by Denagard®, ANADA 200-633)	Feed continuously as sole ration for 14 days. Withdraw 2 days before slaughter.
☐	Other FDA-approved, conditionally approved, or indexed combination:	

    *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: _____ (dd/mm/yyyy)   VFD Expiration Date: _____ (dd/mm/yyyy)
                                                      (Not to exceed 6 months from issuance date)

Veterinarian's signature: _____

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