

## Veterinary Feed Directive

*All parties must retain a copy of this VFD for 2 years after the date of issuance.*

Veterinarian: \_\_\_\_\_ Client: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
(business or home)  
\_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax or email (optional): \_\_\_\_\_ Fax or email (optional): \_\_\_\_\_

Drug(s) Name: \_\_\_\_\_ Drug(s) Level: \_\_\_\_\_ g/ton Duration of use: \_\_\_\_\_  
Species and Production Class: \_\_\_\_\_ Number of reorders (refills) authorized: \_\_\_\_\_  
\_\_\_\_\_  
(If permitted by the drug approval)  
Indication for use (as approved): \_\_\_\_\_  
Caution (related to this medicated feed, if any): \_\_\_\_\_

**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.**

Approximate Number of Animals: \_\_\_\_\_  
Premises: \_\_\_\_\_  
Other Identification (e.g., age, weight) (optional): \_\_\_\_\_  
Special Instructions (if any): \_\_\_\_\_

Affirmation of intent (for combination VFD Drugs) (check 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 combinations(s) in medicated feed that contains the VFD drug(s) as a component.

| Drug(s) | Drug Level(s) and any Special Instructions |
|---------|--|
|         |  |
|         |  |

- This VFD only authorizes the use of the VFD drug(s) cited in this order any FDA-approved, conditionally approved or indexed combinations(s) in medicated feed that contains the VFD drug(s) as a component.

▶ **Withdrawal Time (if any): This VFD Feed must be  
withdrawn \_\_\_\_\_ days prior to slaughter.** ◀

VFD Date of Issuance: \_\_\_\_\_ (Month/Day/Year)

VFD Expiration Date: \_\_\_\_\_ (Month/Day/Year)

Veterinarian's Signature: \_\_\_\_\_

(As specified in the approval; cannot exceed 6 months after issuance.)