

Veterinary Feed Directive

Veterinarian: _____	Client: _____	_____
Address _____	Address _____	_____
City, state, zip code _____	City, state, zip code _____	_____
_____	_____	_____
Phone _____	Phone _____	_____
Fax or email _____	Fax or email _____	_____

Drug(s) Name _____ Drug(s) level _____ Duration of use _____

Species and production class _____ Number of refills authorized _____

Indications 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 address: _____

Other Identification (age, weight) optional _____

Special Instructions (if any):

Affirmation of intent (for combination VFD Drugs) (check one box)*:

(*For VFD drugs for which there are no approved VFD combination, only the first affirmation statement should be included on the VFD)

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 drugs(s) as a component:

Drug(s)	Drug level(s) and any special instructions

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

Withdrawal time (if any): this VFD feed must be withdrawn ___ days prior to slaughter.

VFD date issue: _____ VFD Expire Date: _____ Expire cannot exceed 6 months after issuance

Veterinary signature: _____