

VETERINARY FEED DIRECTIVE ORDER

Please download/save and use to complete form

Veterinarian: _____ Client: _____

Clinic/Company: _____ Business/Premise: _____

Address: _____ Address: _____

City: _____ State: _____ ZIP: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____ Phone: _____ Cell: _____

E-mail: _____ Fax or E-mail: _____

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): _____

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 (EXTRALABEL USE) IS NOT PERMITTED

Approximate Number of Animals: _____ Other Identification (age, weight, etc.) Optional: _____

Premises Description: _____

Special Instruction (if any): _____

Affirmation of Intent (for combination VFD Drugs) (check one box)

For VFD drugs for which there are no approved CFD combinations, only the first affirmation statement should be included on the VFD

- 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 combination with any other animal drugs
- This VFD authorizes the use of the animal 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)	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 combination(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Withdrawal Time (if any): This VFD Feed must be withdrawn _____ days prior to slaughter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: _____ (M/D/Y)

VFD Expiration Date: _____ (M/D/Y)
(As specified in the approval; cannot exceed 6 months after issuance)

Veterinarian's Signature

ALL parties MUST retain a copy of this VFD for **2 YEARS** after the date of issuance