

YOUTH PRODUCER GUIDE TO THE VETERINARY FEED DIRECTIVE



VETERINARY FEED DIRECTIVE



Veterinarian _____
 Clinic/Company _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 Email _____

Client _____
 Business/Premise _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Cell _____
 Fax or Email _____

Drug(s) Name _____ Drug(s) Level _____ g/ton Duration of Use _____
 Species and Production Class _____ Number of Reorders Authorized _____
 Indications of Use (as approved) _____ (if permitted by the drug approval)
 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.) _____
 Premises Description _____
 Special Instructions (if any) _____

Affirmation of intent (for combination VFD drugs) (check one box)

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

- ☐ 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 drug
- ☐ This VFD authorizes the use of the VFD drug(s) cited in this order and is not intended to authorize the use of such drug 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► **Withdrawal Time** (if any): This VFD Feed must be withdrawn _____ days prior to slaughter ◀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 _____ Month/Day/Year

VFD Expiration Date _____ Month/Day/Year
 (As specified in the approval; cannot exceed 6 months after issuance)