

Veterinary Feed Directive For Mydrug

Veterinarian: John Doe, DVM or VMD
Address: 123 Anystreet
Anytown, Anystate 00000
Phone: 111-111-1111
Fax or email (optional): _____

Client: John Smith
Address: 456 Anystreet
(business or home) Anytown, Anystate 00000
Phone: 111-111-1111
Fax or email (optional): _____

Drug(s) Name: Mydrug Drug(s) Level: 100 g/tion Duration of use: 14 days

Species and Production class: Swine Number of reorders (refills) authorized (if permitted by the drug approval): 0

Indications for use (as approved): For the treatment of Swine Disease associated with *Bacterium pathologicum*

Caution (related to this medicated feed, if any): Not for use in pregnant sows

**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: 200

Premises: 777 Country Road, Anytown, Anystate 00000

Other Identification (e.g., age, weight) (optional): All animals are between 4 and 4.5 months of age

Special Instructions (if any): OK to move the swine to Barn 5 after treatment

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 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(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)	Drug Level(s) and any Special Instructions
Curex	100-200 g/ton; For complete information read the label for this combination

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be withdrawn 5 days prior to slaughter ◀

VFD Date of Issuance: 05/15/17 (Month/Day/Year) VFD Expiration Date: 08/01/17 (Month/Day/Year) (As specified in the approval; cannot exceed 6 months after issuance)

Veterinarian's Signature: My signature. DVM or VMD

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