

# Veterinary Feed Directive



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Veterinarian \_\_\_\_\_  
Clinic/Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
E-mail \_\_\_\_\_

Client \_\_\_\_\_  
Business/Premise \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_  
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 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 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 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

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**Withdrawal Time** (if any): This VFD Feed must be withdrawn \_\_\_\_\_ days prior to slaughter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

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