

a Patterson Company	Street Address:	
	City, State, Zip Code:	
Veterinary Feed Directive (VFD)	Phone Number	
Owner Information:	Animal Locations:	
Name:	Name:	
Street Address:	Street Address:	
City, State, Zip Code:	City, State, Zip Code:	
Phone Number:	Phone Number:	
Drug Name:		
Dosage and Duration:	———— Use of feed containing this	
Species: Production Class:		
Approx. # to be fed:	drug in a manner other than as directed on the labeling	
Issue Date:		
Expiration Date:	permitted.	
·		
Withhold Milk Hours	Withhold Meat Days	
No Milk Withhold	No Meat Withhold	
COMBINATION FEEDING WITH OTHER DRUGS:  This VFD ONLY authorizes the use of the VFD drug(s) cited in the combination with any other animal drugs.	nis order and is NOT intended to authorize the use of such drug(s) in	
	er in the following combination(s) in medicated feed that contains the VFD A-approved Combinations	
This VFD authorizes the use of the VFD drug(s) cited in this orde in medicated feed that contains the VFD drug(s) as a comp	er in ANY FDA-approved, conditionally approved, or indexed combination(s) ponent.	
NDICATION:		
CAUTION:		
ADMINISTRATION INSTRUCTIONS:		
Veterinarian's Signature:	Name:	

**Feed Distributor:** Name:

**Animal Health International, Inc.** 

I certify, as a licensed veterinarian, that the above information is accurate and correct, to the best of my knowledge. I certify that I have a current client relationship with the owner and/or manager of the animals.

This is a legally binding equivalent of a handwritten signature.



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Street Address:	Street Address:	
City, State, Zip Code:	City, State, Zip Code:	
Phone Number:	Phone Number:	
Drug Name:		
Dosage and Duration:	———— Use of feed containing this	
Species: Production Class:	veterinary feed directive (VFD)	
Approx. # to be fed:	drug in a manner other than as directed on the labeling	
Issue Date:	(extra-label use), is not	
Expiration Date:	permitted.	
Special Instructions:		
Withhold Milk Hours  No Milk Withhold	Withhold Meat Days  No Meat Withhold	
COMBINATION FEEDING WITH OTHER DRUGS:  This VFD ONLY authorizes the use of the VFD drug(s) cited in this combination with any other animal drugs.	s order and is NOT intended to authorize the use of such drug(s) in	
	r in the following combination(s) in medicated feed that contains the VFD -approved Conditionally Approved Indexed Combinations	
This VFD authorizes the use of the VFD drug(s) cited in this order in medicated feed that contains the VFD drug(s) as a composite of the VFD drug(s) as a composite of the VFD drug(s).	r in ANY FDA-approved, conditionally approved, or indexed combination(s) onent.	
NDICATION:		
CAUTION:		
ADMINISTRATION INSTRUCTIONS:		
Veterinarian's Signature:	Name:	
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Street Address:	Street Address:	
City, State, Zip Code:	City, State, Zip Code:	
Phone Number:	Phone Number:	
Drug Name:		
Dosage and Duration:	———— Use of feed containing this	
Species: Production Class:	veterinary feed directive (VFD)	
Approx. # to be fed:	drug in a manner other than as directed on the labeling	
Issue Date:	(extra-label use), is not	
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Special Instructions:		
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No Milk Withhold	No Meat Withhold	
combination with any other animal drugs.  This VFD authorizes the use of the VFD drug(s) cited in this order	s order and is NOT intended to authorize the use of such drug(s) in in the following combination(s) in medicated feed that contains the VFD approved Conditionally Approved Indexed Combinations	
This VFD authorizes the use of the VFD drug(s) cited in this order in medicated feed that contains the VFD drug(s) as a composite of the VFD drug(s) as a composite of the VFD drug(s) as a composite of the VFD drug(s).	in ANY FDA-approved, conditionally approved, or indexed combination(s) onent.	
INDICATION:		
CAUTION:ADMINISTRATION INSTRUCTIONS:		

Feed Distributor:

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Name: \_\_\_\_\_

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