



Feed Distributor:

Name: **Animal Health International, Inc.**

Street Address: _____

City, State, Zip Code: _____

Phone Number: _____

Veterinary Feed Directive (VFD)

Owner Information:

Name: _____

Street Address: _____

City, State, Zip Code: _____

Phone Number: _____

Animal Locations:

Name: _____

Street Address: _____

City, State, Zip Code: _____

Phone Number: _____

Drug Name: _____

Dosage and Duration: _____

Species: _____ **Production Class:** _____

Approx. # to be fed: _____

Issue Date: _____

Expiration Date: _____

Special Instructions: _____

Use of feed containing this veterinary feed directive (VFD) drug in a manner other than as directed on the labeling (extra-label use), is not 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 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 combination(s) in medicated feed that contains the VFD drug(s) as a component (check all that apply): FDA-approved Conditionally Approved Indexed Combinations

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.

INDICATION: _____

CAUTION: _____

ADMINISTRATION INSTRUCTIONS: _____

Veterinarian's Signature:

This is a legally binding equivalent of a handwritten signature.

Name: _____

Address: _____

Phone: _____

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.



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