Phibro ANIMAL HEALTH CORPORATION ™

Aureomycin® (chlortetracycline) Veterinary Feed Directive for use in Cattle

Client: _____ Veterinarian: _____

Business or Home Address: _____ Address: _____

Phone #: _____ Phone #: _____

Indications, Drug Level, and Duration of Use: (select one and specify additional required information)

☐ 1. Growing Cattle (over 400 lb): For the reduction of the incidence of liver abscesses.
Drug Concentration: _____ g/ton (to provide 70 mg/head/day)
Duration of Feeding: _____days

☐ 2. Beef Cattle and Dairy Replacement Heifers: Control of bacterial pneumonia associated with shipping fever complex caused by *Pasteurella spp.* susceptible to chlortetracycline.
Drug Concentration: _____ g/ton (20 to 350 g/ton to provide 350 mg/head/day)
Duration of Feeding: _____days

☐ 3. Beef Cattle (under 700 lb): Control of active infection of anaplasmosis caused by *Anaplasma marginale* susceptible to chlortetracycline.
Drug Concentration: _____ g/ton (to provide 350 mg/head/day)
Duration of Feeding: _____days

☐ 4. Beef Cattle (over 700 lb): Control of active infection of anaplasmosis caused by *Anaplasma marginale* susceptible to chlortetracycline.
Drug Concentration: _____ g/ton (to provide 0.5 mg/lb body weight/day)
Duration of Feeding: _____days

☐ 5. Beef and Non-lactating Dairy Cattle: As an aid in control of active infection of anaplasmosis caused by *Anaplsma marginale* susceptible to chlortetracycline when delivered in a free-choice feed.
Drug Concentration:
- ☐ 8,000 g/ton (to provide 0.5 to 2.0 mg/lb body weight/day) *[Must use an FDA-approved proprietary formulation.]*
- ☐ 6,000 g/ton (to provide 0.5 to 2.0 mg/lb body weight/day) *[Must use an FDA-approved proprietary formulation or FDA-approved formulation in 21 CFR 558.128(e)(6).]*
- ☐ 5,000 g/ton (to provide 0.5 to 2.0 mg/lb body weight/day) *[Must use an FDA-approved proprietary formulation.]*
- ☐ 700 g/ton (to provide 0.5 to 2.0 mg/lb body weight/day) *[Must use an FDA-approved proprietary formulation.]*

Duration of Feeding:_____ days

☐ 6. Calves, Beef and Non-Lactating Dairy Cattle: Treatment of bacterial enteritis caused by *Escherichia Coli* and bacterial pneumonia by *Pasteurella multocida* organisms susceptible to chlortetracycline.
Drug Concentration:
- ☐ Complete Feed _____ g/ton (500 to 4,000 g/ton to provide 10 mg/lb body weight/day)
- ☐ Top Dress _____ g/ton (4,000 to 20,000 g/ton to provide 10 mg/lb body weight/day)

Duration of Feeding:_____ days (Feed for not more than 5 days)

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.

Approximate number of ***Cattle*** to be treated: _____

Premise or Location of animals: _____

Special instructions and/or other animal identifications:

Affirmation of Intent (for combination VFD drugs**): check the appropriate box:**

☐ 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.
_____(List the specific approved combination)

☐ 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.

WITHDRAWAL PERIODS AND RESIDUE WARNINGS

No withdrawal period is required when used according to labeling. This drug is not approved for use in female dairy cattle 20 months of age or older, including dry dairy cows. Use in these cattle may cause drug residues in milk and/or in calves born to these cows. A withdrawal period has not been established for this product in pre-ruminating calves. Do not use in calves to be processed for veal.

☐ Drug substitution is not allowed if checked.

VFD Expiration Date:_____ month/day/year (Not to exceed 6 months from issuance date)

Veterinarian's Signature: _____ Date of Issuance (Month/Day/Year):_____

Approved by FDA under NADA # 048-761 AM105324USA Rev. March 12, 2025

Phibro Animal Health Corporation
300 Frank W. Burr Blvd.
Teaneck, NJ 07666

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