

Veterinary Feed Directive for Cattle  
**Aureo<sup>®</sup> Anaplaz Block 700**  
Aureomycin<sup>®</sup>  
(chlortetracycline)

Sequential VFD ID Number, if appropriate

Veterinarian: \_\_\_\_\_ Client: \_\_\_\_\_

Address: \_\_\_\_\_ Business/Home Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

FAX or email: (optional) \_\_\_\_\_ FAX or email: (optional) \_\_\_\_\_

**Indications, Drug Level in Medicated Feed, and Duration of Use:**

Beef Cattle: As an aid in control of active infection of anaplasmosis caused by *Anaplasma marginale* susceptible to chlortetracycline when delivered in a free-choice feed.

**Drug Concentration:**

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

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**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: \_\_\_\_\_

Premises or Location of cattle: \_\_\_\_\_

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 any FDA-approved, conditionally approved, or indexed combination(s) in medicated feed that contains the VFD drug(s) as a component.

**Warning:** No withdrawal period is required. A withdrawal period has not been established for this product in pre-ruminating calves. Do not use in calves to be processed for veal.

Date of VFD Issuance: \_\_\_\_\_ (dd/mm/yyyy)

Date of VFD Expiration: \_\_\_\_\_ (dd/mm/yyyy)  
(Cannot exceed 6 months after issuance)

Veterinarian's signature: \_\_\_\_\_

Color Z Original – Veterinarian

Color X Copy – Supplier

Color Y Copy – Client