

Veterinary Feed Directive for Cattle
AUREO® FC C6000
Free-Choice Mineral for Beef Cattle – Weaned on Pasture
(chlortetracycline)

Sequential VFD ID Number, if
appropriate

Veterinarian: _____
Address: _____
Phone #: _____
FAX or email: (optional) _____

Client: _____
Business/Home Address: _____
Phone #: _____
FAX or email: (optional) _____

Indications, Drug Level in Medicated Feed, and Duration of Use: (specify additional required information)

- ☐ 1) 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:

- ☐ 6000 g/ton (to provide 0.5 to 2.0 mg/lb body weight/day)
[This feed is an FDA-approved proprietary formulation that is required to be manufactured according to the approved formula.]
[Drug substitution is not allowed.]

Duration of Feeding: _____ 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: _____

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.

 **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

All parties must retain a copy of this VFD for 2 years after issuance