



Terramycin MR (oxytetracycline) Veterinary Feed Directive for use in calves (milk replacer)

Client: _____
Business or _____
Home Address: _____
Phone #: _____

Veterinarian: _____
Address: _____
Phone #: _____

Approximate number of calves to be treated: _____
Location of animals: _____

Special instructions and/or other animal identifications:

Indication:

For calves (milk replacer) for the treatment of bacterial enteritis caused by *Escherichia coli* susceptible to oxytetracycline.

Drug Level in Medicated Feed and Duration of Use:

Level of Drug: _____ g/ton (specify level to provide 10 mg/lb BW/day)

Duration of Use: _____ days (specify number between 7- 14 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.



Withdrawal Periods: No withdrawal period is required.



Combination Use:

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.

VFD Issue Date: _____

VFD Expiration Date: _____

Veterinarian's Signature: _____

month/day/year
(Not to exceed 6 months from issuance date)