

Terramycin (oxytetracycline) Veterinary Feed Directive for use in *freshwater-reared salmonids*

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

Approximate number of *freshwater-reared salmonids* to be treated: _____
 Locations of animals: _____

Special instructions and/or other animal identifications:

Indications for freshwater-reared salmonids (select one):

- A.) For the control of mortality due to coldwater disease associated with *Flavobacterium psychrophilum*.
 Level of Drug: _____ g/ton (specify level to provide 3.75g/100lb of fish)
 Duration of Use: 10 days
- B.) For the control of mortality due to columnaris disease associated with *Flavobacterium columnare*.
 Level of Drug: _____ g/ton (specify level to provide 3.75g/100lb of fish)
 Duration of Use: 10 days
- C.) For marking the skeletal tissue of freshwater-reared salmonids weighing up to 55 grams.
 Level of Drug: _____ g/ton (specify level to provide 3.75g/100lb of fish)
 Duration of Use: 10 days
- D.) For control of ulcer disease caused by *Haemophilus piscium*, furunculosis caused by *Aeromonas salmonicida*, bacterial hemorrhagic septicemia caused by *Aeromonas hydrophila* and pseudomonas disease.
 Level of Drug: _____ g/ton (specify level to provide 2.5-3.75 g/100lb of fish)
 Duration of Use: 10 days

Use of feed containing this veterinary feed directive (VFD) drug in a manner other than as directed on the labeling (extralabel use) is not permitted.

Residue Warning:

For indication A, B and D do not liberate or slaughter freshwater-reared salmonids for food during treatment or for 21 days following last feeding of medicated feed.

For indication C immediate release is permitted following the last feeding of medicated feed.

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)