

This fillable form is published by the American Veterinary Medical Association, 1931 North Meacham Rd, Schaumburg, Illinois 60173. The form is provided for your convenience, and is consistent with the common format published in the Food and Drug Administration's draft Guidance for Industry #233, "Veterinary Feed Directive Common Format Questions and Answers." This form is not intended to provide legal advice or opinion and should not be construed as such. This form should be completed with all information required by applicable federal statutes and regulations related to the Veterinary Feed Directive.

Veterinary Feed Directive

Veterinarian: _____

Client: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Fax or email (optional): _____

Fax or email (optional): _____

Drug(s): _____ Drug Level: _____ g/ton Duration of Use: _____

No substitutions allowed

Species and production class: _____ **No refills/reorders authorized**

Indications for use: _____

Caution (if any): _____

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

Approximate number of animals: _____

Premises: _____

Other identification (e.g., age, weight) (optional): _____

Special instructions (if any): _____

Affirmation of intent (for combination VFD drugs) (mark one statement)*

(*For VFD drugs for which there are no approved VFD combinations, only the first affirmation statement should be marked)

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:

Drug(s)	Drug Level(s) and Any Special Instructions

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.

▶ Withdrawal time (if any): This VFD must be withdrawn ____ days prior to slaughter ◀

VFD date of issuance (month/day/year): _____

VFD expiration date (month/day/year): _____

(As specified in the approval; cannot exceed 6 months after issuance)

Veterinarian's signature: _____

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

