

Veterinary Feed Directive

(For use on/after October 1, 2015)

Client _____ Veterinarian _____
Address _____ Address _____

Phone _____ Phone _____

Animals (species and production class) to be treated (number and location):

VFD Drug: HEALWELL®
(anyglycoside)

Mixing Directions: (See reverse for additional mixing information)
Mix into Type C Medicated Feed to provide: 200 300 400 g/ton
(Check only one)

Warning: Feeds containing anyglycoside must be withdrawn 9 days prior to slaughter.

Feeding instructions: Feed continuously as the sole ration for 21 days beginning with the onset of symptoms

Special instructions: _____

Expiration date: _____ Refills (if permitted): _____
Month/Day/Year

Veterinarian's signature: _____ Date: _____

___ 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 specific approved, conditionally approved, or indexed combination medicated feeds following this statement.]

___ 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."

This VFD drug will be obtained from: _____
