

Production Animal Consultation

Veterinary Feed Directives

Client Information

Name

Address

Phone number

Fax number

Email address

Premises ID (optional)

Location ID (optional)

Products purchased

Type A

Type B

Type C

(circle all applicable)

Additional Location 1 (optional)

Name

Address

Phone number

Fax number

Email address

Premises ID (optional)

Location ID (optional)

Additional Location 2 (optional)

Name

Address

Phone number

Fax number

Email address

Premises ID (optional)

Location ID (optional)

Additional Location 3 (optional)

Name

Address

Phone number

Fax number

Email address

Premises ID (optional)

Location ID (optional)

Additional Location 4 (optional)

Name

Address

Phone number

Fax number

Email address

Premises ID (optional)

Location ID (optional)

Additional Location 5 (optional)

Name

Address

Phone number

Fax number

Email address

Premises ID (optional)

Location ID (optional)

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Feed Distributor/Vendor 1

Name

Address

Phone number

Fax number

Email address

Type A purchases

Type B purchases

Type C purchases

Feed Distributor/Vendor 2 (optional)

Name

Address

Phone number

Fax number

Email address

Type A purchases

Type B purchases

Type C purchases

Feed Distributor/Vendor 3 (optional)

Name

Address

Phone number

Fax number

Email address

Type A purchases

Type B purchases

Type C purchases

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VFD 1

Species	Bovine
Group ID (optional)	
Number of animals to be fed	
VFD drug	
Production class	
Indication	
Generic substitution allowed (circle <u>one</u>)	Yes No
Effective date	
Expiration date	
Dosage, duration, and other instructions	
Combination use allowed (choose <u>one</u>)	1. No combinations approved
	2. All FDA-approved combinations approved
	3. Combinations listed approved:

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VFD 2

Species	Bovine
Group ID (optional)	
Number of animals to be fed	
VFD drug	
Production class	
Indication	
Generic substitution allowed (circle <u>one</u>)	Yes No
Effective date	
Expiration date	
Dosage, duration, and other instructions	
Combination use allowed (choose <u>one</u>)	1. No combinations approved
	2. All FDA-approved combinations approved
	3. Combinations listed approved:

VFD 3

Species	Bovine
Group ID (optional)	
Number of animals to be fed	
VFD drug	
Production class	
Indication	
Generic substitution allowed (circle <u>one</u>)	Yes No
Effective date	
Expiration date	
Dosage, duration, and other instructions	
Combination use allowed (choose <u>one</u>)	1. No combinations approved 2. All FDA-approved combinations approved 3. Combinations listed approved:

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VFD 4

Species	Bovine
Group ID (optional)	
Number of animals to be fed	
VFD drug	
Production class	
Indication	
Generic substitution allowed (circle <u>one</u>)	Yes No
Effective date	
Expiration date	
Dosage, duration, and other instructions	
Combination use allowed (choose <u>one</u>)	1. No combinations approved
	2. All FDA-approved combinations approved
	3. Combinations listed approved:

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VFD 5

Species	Bovine
Group ID (optional)	
Number of animals to be fed	
VFD drug	
Production class	
Indication	
Generic substitution allowed (circle <u>one</u>)	Yes No
Effective date	
Expiration date	
Dosage, duration, and other instructions	
Combination use allowed (choose <u>one</u>)	1. No combinations approved
	2. All FDA-approved combinations approved
	3. Combinations listed approved:

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Are there any water-soluble medications you currently use?

[illegible]