## <u>Veterinary Feed Directive</u>

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

Veterinarian: John Doe DVM	Client: Jo Smith
Address: 123 Any St	Address: 345 Any St (business or home) Anytown, State 00000
Anytown, State 00000	(business or home) Anytown, State 00000
Phone: 111-111-1111	Phone: 222-2222
Fax or email (optional): noemail@bee.c	Fax or email (optional): noemail@bee.com
Drug(s) Name: Terramycin	Drug(s) Level: -2g/ton Duration of use: 180 days
	ey Bees No reorders (refills) authorized: N/A
•	
Indication for use (as approved): Foul	orood
Caution (related to this medicated feed, if	any): Remove 6 wks prior to to honey flow
USE OF FEED CONTAINING	THIS VETERINARY FEED DIRECTIVE (VFD) DRUG IN A MANNER
OTHER THAN AS DIRECTE	D ON THE LABELING (EXTRA LABEL USE) IS NOT PERMITTED.
Approximate Number of Bees/Hives:	30,000+
Premises: 345 Any St Anytown, State	00000
	t) (optional):
Special Instructions (if any): FOLLOV	V INSTRUCTIONS ON LABEL
Affirmation of intent (for combination	n VFD Drugs) (check box)*:
	e of the VFD drug(s) cited in this order and is not intended to authorize the use
of such drug(s) in combination	·
	the VFD drug(s) cited in this order in the following FDA-approved, conditionally
approved or indexed combination	ons(s) in medicated feed that contains the VFD drug(s) as a component.
Drug(s)	Drug Level(s) and any Special Instructions
5( )	
	e of the VFD drug(s) cited in this.order any FDA-approved, conditionally ap-
proved or indexed combination	s(s) in medicated feed that contains the VFD drug(s) as a component.
N. A	/ithdrawal Time (if any): This VFD Feed must be
"	withdrawn 48 days prior to honey flow.
VFD Date of Issuance: 1-1-17	(Month/Day/Year)
VFD Expiration Date: 7-1-17	(Month/Day/Year)
	(As specified in the approval; cannot
Veterinarian's Signature:	exceed a months after issuance.)