

Integrity™ (avilamycin)

Sequential VFD ID Number

Veterinary Feed Directive for use in Broiler Chickens

Client: _____
Business _____
or Home _____
Address: _____

Veterinarian: _____
Address: _____

Phone #: _____

Phone #: _____

Approximate number of broiler chickens to be treated: _____

Location of animals: _____

Special Instructions and (or) Other Animal Identification (optional):

Indication:

For the prevention of mortality caused by necrotic enteritis associated with *Clostridium perfringens* in broiler chickens.

Drug Level and Duration of Feeding:

Drug Level: _____ Grams per ton (13.6 to 40.9 g/ton) Duration of Feeding: 21 Days

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

Caution:

To assure responsible antimicrobial drug use in broiler chickens, treatment administration must begin on or before 10 days of age.

The safety of avilamycin has not been established in chickens intended for breeding purposes.

Avilamycin has not been demonstrated to be effective in broiler chickens showing clinical signs of necrotic enteritis prior to the start of medication.

The Veterinary Feed Directive (VFD) expiration date must not exceed 90 days from the date of issuance.

VFDs for avilamycin shall not be refilled.

Warnings:



Withdrawal Period: No withdrawal period is required.



Combination Feeding with Other Drugs:

- 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) and Dose Range(s)		Specifications*
<input type="checkbox"/>	Monensin at 90 to 110 g/ton (supplied by Coban™, NADA 038-878)	
<input type="checkbox"/>	Other FDA-approved, conditionally approved, or indexed combination:	

*for complete information see the approved Type C medicated feed label

- 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.

VFD Issuance Date: _____ VFD Expiration Date: _____
(not to exceed 90 days from VFD issuance date)

Veterinarian's signature: _____

For technical service call: 1-800-428-4441

NADA141-439, Approved by the FDA

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Indianapolis, IN 46285, USA

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White Copy (original) – Veterinarian

Canary Copy – Client

Pink Copy – Distributor