



Sequential VFD ID Number _____

Tylan® (tylosin phosphate)
Veterinary Feed Directive (VFD) for use in Beef Cattle

Client: _____
Business _____
or Home _____
Address: _____

Veterinarian: _____
Address: _____

Phone #: _____

Approximate number of cattle to be treated: _____

Location of animals: _____

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



Indication: For reduction of incidence of liver abscesses associated with *Fusobacterium necrophorum* and *Arcanobacterium pyogenes*.

Drug level: _____ Grams per ton (8 to 10 g/ton)

Duration of feeding: _____

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.

Reorders (refills) are not permitted with this VFD drug.

 **WARNINGS** 
RESIDUE WARNING: No withdrawal period is required.

Combination Feeding with Other Drugs (select one):

- 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.

- 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 6 months from VFD issuance date)

Veterinarian's signature: _____

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

NADA 12-491, Approved by the FDA.

Elanco Animal Health
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