Veterinary Feed Directive for Swine
Lincomix®
(lincomycin)

Veterinarian:_____ Client: _____
Business or
Address: _____ Home Address:_____
_____ _____
Phone #: _____ Phone #: _____
FAX or email: (optional) _____ FAX or email: (optional) _____

****

Indications, Drug Level, and Duration of Use: (select one and specify additional required information)

☐ 1) For the treatment of swine dysentery and the control of porcine proliferative enteropathies (ileitis) caused by *Lawsonia intracellularis*.
Drug level: 100 g/ton
Duration of use: 3 weeks or until signs of disease disappear.

☐ 2) For the treatment and control of swine dysentery, and the control of porcine proliferative enteropathies (ileitis) caused by *Lawsonia intracellularis*.
Initial Drug level: 100 g/ton
Initial Duration of use: 3 weeks or until signs of disease disappear.
Subsequent drug level: 40 g/ton
Subsequent duration of use: _____ days

☐ 3) For the control of swine dysentery and porcine proliferative enteropathies (ileitis) caused by *Lawsonia intracellularis.*
Drug level: 40 g/ton
Duration of use: _____days

☐ 4) For reduction in the severity of the effects of respiratory disease associated with *Mycoplasma hyopneumoniae.*
Drug level: _____g/ton (100-200 g/ton)
Duration of use: 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.

Approximate number of ***Swine*** to be treated: _____

Premises or Location of animals: _____

Special Instructions and/or other animal identifications:

Affirmation of Intent (for combination VFD drugs**): check the appropriate box:**

□ 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 the specific approved combination)

□ 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.

WARNING: When using LINCOMIX 20 or LINCOMIX 50 in approved combinations with other drugs, follow the required withdrawal times for those drugs. No drug withdrawal period is required before slaughter of swine fed LINCOMIX 20 or LINCOMIX 50 at approved concentrations (40, 100 or 100-200 grams lincomycin per ton of feed).

CAUTION: Occasionally, swine fed lincomycin may within the first two days after the onset of treatment develop diarrhea and/or swelling of the anus. On rare occasions, some pigs may show reddening of the skin and irritable behavior. These conditions are self-correcting within five to eight days without discontinuing the lincomycin treatment. The effects of lincomycin on swine reproductive performance, pregnancy, and lactation have not been determined.
Do not allow rabbits, guinea pigs, horses or ruminants access to feeds containing lincomycin. Ingestion by these species may result in severe gastrointestinal effects.

Date of VFD Issuance:_____(dd/mm/yyyy) Date of VFD Expiration:_____ (dd/mm/yyyy)
(Cannot exceed 6 months after issuance)

Veterinarian's signature: _____

Color Z Original – Veterinarian **Color X Copy – Supplier** **Color Y Copy – Client**
All parties must retain a copy of this VFD for 2 years after issuance