

Veterinary Feed Directive for Honey Bees

All parties must retain a copy of this VFD for 2 or more years after the date of issuance in original form

Veterinarian: _____

Client: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Fax or Email: _____

Fax or Email: _____

Drug Name: Oxytetracycline **Drug Level:** 6400 grams/ton **Duration of use:** about 15 days

Species and Production Class: Honey Bees **Number of Refills Authorized:** NONE

Indication for use: For the control of American Foulbrood and European Foulbrood susceptible to oxytetracycline

Caution: Do not apply to open, uncapped brood to avoid larval death.

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.

Number of Honey Bee Colonies: _____

Address or Premises where Honey Bees will be treated: _____

Special Instructions: There are 3 recommended feeding directions:

1. Dusting – Apply one ounce of this feed (200mg active ingredient) by applying to the outer ends of the frames repeat every 4 to 5 days for 3 times. Do not apply to open brood.
2. Syrup – Mix one ounce of this feed in a 5lb honey jar (57 fluid ounces) full of 1:1 sugar syrup (by weight) and feed to the bees. Repeat treatment every 4 to 5 days for 3 times using freshly prepared syrup each treatment.
3. Extender Patty: Mix 4 ounces of this feed (800mg active ingredient) with 185 g vegetable shortening (such as Crisco™) and 330g sugar. Place this extender patty on top of the top bars in brood chamber.

Affirmation of intent for combination VFD Drugs:

This VFD only authorizes the use of the VFD drug cited in this order and is not intended to authorize the use of such drug in combination with any other animal drugs.

Withdrawal Time:

This VFD Feed must be withdrawn (stop feeding to the bees) 6 weeks prior to the main honey flow. Honey stored during medicated periods in combs for surplus honey must not be used for human consumption.

VFD Date of Issuance: _____ (Month/Day/Year)

VFD Expiration Date: _____ (Month/Day/Year) (Cannot exceed 6 months after issuance)

Veterinarian's Signature: _____