

Notice To FDA of Distribution of VFD Feeds

I/We hereby notify the Food & Drug Administration that I/we have begun distributing VFD feeds.

Signature

Name of responsible party
(please print or type)

Name of Firm or Individual

Business Address

Site address if different from above

City/State/Zip

Date

Send this form to:

Food and Drug Administration
Center for Veterinary Medicine
Division of Animal Feeds (HFV-220)
7519 Standish Place
Rockville, MD 20855

FAX: (240) 453-6882

Acknowledgement Of Distribution Limitations For VFD Feeds

I/we hereby acknowledge that, as required by federal law, I/we shall distribute VFD feeds received by me/us from [name and address of feed supplier] only as follows:

- (1) To an animal production facility, if the owner or operator of that facility provides me/us with a copy of a veterinary feed directive (VFD) covering the quantity of feed involved and the animal production facility to which the feed is being distributed; or
- (2) To another person for further distribution, if that person provides me/us with a written acknowledgement similar to this acknowledgement.

Signature

Name of Firm or Individual

Business Address

City/State/Zip

Date

Send this form to each of your firm's suppliers of VFD products.