



Acknowledgment of Distribution for VFD Feeds

I/we hereby acknowledge that, as required by federal law, I/we shall distribute VFD feeds received by me/us from:

Firm Name: Animal Health International, Inc.
Street Address: 2915 Rocky Mountain Avenue, Suite 400
City: Loveland State: CO Zip: 80538

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 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 acknowledgment similar to this acknowledgment.
3. By signing this Acknowledgment of Distribution I/we affirm that I/we have notified the FDA of our intent to distribute VFD medications.

Signature

Name of firm or individual

Address

City, State Zip

Date