**Acknowledgement of Distribution Limitations for VFD Feeds**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby

(Company Name) (Physical address of location)

acknowledge that, as required by federal law, I/we have sent a letter of intent to distribute/manufacture Veterinary Feed Directive (VFD) to the U.S. Food and Drug Administration, and shall distribute VFD feeds received from

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ only as follows:

(Name and Address of VFD Supplier)

(1) To an animal production facility, if the owner or operator of that facility provides me/us with a copy of a 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.

(3) Retain records of supplier transaction(s) pertaining to VFD’s for a minimum of 2 years.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name and Title)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature and Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name and address (if different than above)

Firm must submit this form to each supplier providing VFD and retain a copy.