



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 _____ only as follows:
(name and address of feed supplier)

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

AFTER REGISTERING WITH THE FDA, PLEASE RETURN THIS FORM TO:

Associated Feed & Supply Co.
 Attn: Evangeline Shears
 PO Box 2367
 Turlock, CA 95381