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:
Division of Animal Feeds (HFV-226)
Center for Veterinary Medicine
Food & Drug Administration
7519 Standish Place
Rockville, MD 20855
FAX 240-453-6882