

## Acknowledgment 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**

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Name of Supplier  
(Consignor)

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Business Address

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City/State/Zip Code

as follows:

1. The distributor will not ship such VFD feed to an animal production facility that does not have a VFD; or
2. The distributor will not ship such VFD feed to another distributor without receiving a similar written acknowledgement letter; and
3. The distributor has notified the FDA of the intent to distribute VFD feed.

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Signature

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Name of Firm or Individual  
(Consignee)

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Business Address

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City/State/Zip Code

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Date

*Completed form must be sent to the consignor/supplier*