

Veterinary Feed Directive (VFD) Producer Information Form

Date: _____

First & Last Name			
Farm/Company/Business			
Address	City:	State:	Zip:
	Home/Business Phone:		
	Cell Phone:		
	Fax:		
Email			
Site/Premise/Barn Address (if different from above)	City:	State:	Zip:
PIN or LID			
	Phone:		
	Fax:		
Feed Distributor, Mill or Dealer Name			
Address	City:	State:	Zip:
	Phone:		
	Fax:		
Email			

Species/Production Class	Antibiotics Used in Feed	Antibiotics Used in Water	Supplier	Peak Season/Timing