

Veterinary Feed Directive (VFD) Producer Information Form



First & Last Name				Date:
Farm/Business Name (If different)				
Address				
	City:	State:	Zip:	
	Home/Business Phone:			
	Cell Phone:			
	Fax:			
Email				
Site/Premise Address (If different from above)				

Species/Production Class	Antibiotics Used in Feed	Antibiotics Used in Water	Supplier/Feed Mill	Season/Timing
Level in Feed*	Duration of Use	Indication for use*		# of Animals to be fed in 6mo. period
Species/Production Class	Antibiotics Used in Feed	Antibiotics Used in Water	Supplier/Feed Mill	Season/Timing
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Level in Feed*	Duration of Use	Indication for use*		# of Animals to be fed in 6mo. period

**You can provide a feed tag as well*