

Hubbard Feeds Dealer Contact Information

The information below will be needed by the veterinarians filling out VFDs for your customers. Please fill out this form and give it to each veterinary clinic your dealership works with to help ensure the timely receipt of VFDs and manufacturing or sales of VFD feeds.

Name of Dealership: _____

Business Address: _____

City/State/Zip: _____

Business Phone Number: _____

Business Fax Number: _____

Key Contact for VFD: _____

Phone Number of Key Contact: _____

Email for Key Contact: _____

Alternative Contact Name/Phone/Email: _____

Other Notes for Veterinarian: