SUBMITTED VIA FAX (301) 827-4401

(Date)

Stephen F. Sundlof, Director Center for Veterinary Medicine U.S. Food and Drug Administration (HFV-1) 7500 Standish Place Rockville, MD 20855

Dear Dr. Sundlof:

My pet		, a		_, receives
	(Pet's name)		(Type of animal)	
(Name of me		lication from a co	ompounding pharma	cy to treat
(Animal's con-		dition.		
My pharmacist must use bulk drug substances to compound this medication for my pet. Without this medication,				

(Describe how your pet would suffer or how your life would be more difficult without the medication.)

Please ensure that FDA's guidance and regulations for veterinary compounding do not prevent my pharmacist from being able to customize medications for my pet. The current compliance policy guide for veterinary compounding is problematic and I support my pharmacist in asking that it be withdrawn.

Sincerely,

(Name)

(City)