

**Company Name**

VMD INC

**City**

JUPITER

**State**

FL

**Contact Name (First and Last)**

TRACY MACDONALD

**Email**

[OFFICE@VMDINC.COM](mailto:OFFICE@VMDINC.COM)

**Phone**

(561) 588-3222

**Website**

VMDINC.COM

**Do you have a UF Supplier ID?**

No

**Is the owner a UF alum?**

No

**General Description of Services**

- Cleaning and janitorial supplies
- Dental equipment and supplies
- Laboratory supplies and fixtures
- Medical Equipment and Supplies and medical apparel
- Veterinary equipment and supplies

**Additional Information**

- [VMD-Capabilities-Manufacturer-Page-jpg.pdf](#)