

VETERINARIAN/CLIENT/PATIENT RELATIONSHIP

Premises ID Number: _____ Farm Name: _____

This letter is to confirm that a Veterinarian/Client/Patient Relationship (VCPR) exists for the specific premises indicated above. As part of the VCPR for this premises:

1. A veterinarian has assumed the responsibility for making medical judgments regarding the health of the animal(s) and the need for medical treatment, and the client (the owner of the animal(s) or other caretaker) has agreed to follow the instructions of the veterinarian.
2. There is sufficient knowledge of the animal(s) by the veterinarian to initiate at least a general or preliminary diagnosis of the medical condition of the animal(s).
3. The practicing veterinarian is readily available for follow-up in case of adverse reactions or failure of the regimen of therapy.

Veterinarian

Printed Name: _____

Signature: _____ Date: _____

Producer

Printed Name: _____

Signature: _____ Date: _____