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: __________________