

VETERINARY CLIENT/PATIENT RELATIONSHIP VALIDATION FORM



I. Producer

Producer Name: _____

Address: _____ City: _____ Zip: _____

Farm Name and Location: _____

Section: _____ Township: _____ County: _____

Premises ID Number (optional): _____

Producer Signature: _____

Date: _____

II. Veterinarian

Name: _____

Address: _____ City: _____ Zip: _____

Clinic Name: _____

Phone Number: (_____) _____

I hereby certify that a valid Veterinarian/Client/Patient Relationship (VCPR) is established for the above listed owner and will remain in force until canceled by either party.

Veterinarian's Signature: _____

Date: _____