

VCPR Form

Animal Owner or Caretaker's Verification of Veterinarian Client Patient Relationship

I, the undersigned, hereby verify the following:

1. I am the owner or caretaker of the animal(s) listed. Use additional sheets as necessary.

Official Animal ID/Other ID (list all IDs, including name*)	Breed	Sex	Age	Species	Vaccines/Tests (include name of test or product, date, results, etc.)

*If the animal has no official ID, please include a description, including color and all markings.

2. I have an established, ongoing "veterinarian-client-patient relationship" for the animal(s) described in the preceding paragraph with

_____ (print veterinarian's name), a licensed practitioner of veterinary medicine having the following business address:

3. I understand this ongoing "veterinarian-client-patient relationship" to be a relationship in which the veterinarian named in the preceding paragraph has assumed the responsibility for making veterinary medical judgments regarding the health of the animal(s) described above and the need for veterinary medical treatment of said animal(s), and in which I, as owner and/or caretaker of the animal(s), have agreed to follow the instructions of the veterinarian in relation to animal diseases.

4. I attest and affirm that a "veterinarian client patient relationship," as that phrase is defined in the Veterinary Medical Practice Act, which is set forth below, exists with regards to the animals identified above in this form and for all animals I will be exhibiting.

I verify the foregoing to be accurate. I make the foregoing statement subject to the penalties of 18 Pa.C.S.A. § 4904 (relating to unsworn falsification to authorities). In witness of this, I have signed and dated this verification below. If the owner/caretaker is under 18 years of age, the signature of a parent/guardian is required.

 Printed Name of Owner/Caretaker Signature of Owner/Caretaker Date

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Address of Owner/Caretaker		
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Phone number of Owner/Caretaker		
If the Owner/Caretaker is under 18 years of age:		
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Printed Name of Parent/Guardian	Signature of Parent/Guardian	Date
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Address of Parent/Guardian		
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Phone number of Parent/Guardian		
Veterinarian verification:		
I, the undersigned, hereby verify that I have a Veterinarian-client-patient-relationship as defined below with the animal(s) and owner/caretaker identified on this form.		
<p>Veterinarian-client-patient-relationship. As defined in the Pennsylvania Veterinary Medicine Practice Act (act of December 27, 1974, P.L. 995, No. 326, § 3, as amended)(3 P.S. § 485.3), "means a relationship satisfying all of the following conditions: (i) the veterinarian has assumed the responsibility for making veterinary medical judgments regarding the health of an animal and the need for veterinary medical treatment, and the client, owner or caretaker of the animal has agreed to follow the instructions of the veterinarian; (ii) the veterinarian has sufficient knowledge of the animal to initiate at least a general, preliminary or tentative diagnosis of the medical condition of the animal; (iii) the veterinarian is acquainted with the keeping and care of the animal by virtue of an examination of the animal or medically appropriate and timely visits to the premises where the animal is kept; (iv) the veterinarian is available for consultation in cases of adverse reactions to or failure of the regimen of therapy; (v) the veterinarian maintains records on the animal examined in accordance with regulations established by the board.</p>		
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Printed Name of Veterinarian	Signature of Veterinarian	Date
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Phone number of Veterinarian	Practice Name	License number
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