



Veterinarian Client Patient Relationship (VCPR) Verification Form

Part 1 to be completed by the owner or caretaker of the animal(s):

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 above has assumed the responsibility for making veterinary medical judgments regarding the health of the animal(s) listed 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 zoonotic diseases.

4. I attest and affirm that a “veterinarian client patient relationship” – as that phrase is defined in the Veterinary Medical Practice Act and any amendments thereto – “exists with regards to the 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

 Address of Owner/Caretaker

 Phone number of Owner/Caretaker

If the Owner/Caretaker is under 18 years of age the signature of a parent/guardian is required:

 Printed Name of Parent/Guardian Signature of Parent/Guardian Date

 Address of Parent/Guardian

 Phone number of Parent/Guardian

Part 2 to be completed by the veterinarian:

I, the undersigned, hereby verify that I have a VCPR as defined below with the animal(s) and owner/caretaker identified on this form.

Veterinarian-client-patient-relationship (VCPR). As defined in the PA Veterinary Medicine Practice Act, 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.

 Printed Name of Veterinarian Signature of Veterinarian Date

 Phone number of Veterinarian Practice Name License number

This form shall be valid for no more than one year following the date of signature by the veterinarian. Copies should be retained by the owner/caretaker, veterinarian, and exhibition.