



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

