



VETERINARIAN-CLIENT-PATIENT RELATIONSHIP (VCPR) AGREEMENT

A Valid VCPR Requires the Following:

- The farm owner/producer consents to entering into this VCPR.
- The veterinarian has sufficient knowledge of the farm and animals to initiate at least a general or preliminary diagnosis of the medical condition of the animal(s).
- The veterinarian takes responsibility for making medical judgements regarding the health and welfare of animals on the farm and the need for medical treatment.
- The farm owner/producer and farm management/workers each agree to follow the veterinarian's instructions.
- The veterinarian is available for follow up in case of adverse reactions or failure of regimen of therapy and agrees on a schedule for timely visits.
- *If farm owners, managers, or workers use or administer drugs contrary to the veterinarian's instructions, it is a violation of the VCPR, making this agreement null and void.*

Farm Information

Owner/Producer Name: _____ Date: _____

Mailing Address: _____

City: _____ State: _____

Farm Name: _____

Farm Address (if different from above): _____

Premises ID Number (Optional): _____

Email: _____ Phone Number: _____



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Veterinarian Information

The veterinarian of record takes responsibility for making medical judgements on the farm regarding the health and welfare of animals and is the responsible party for providing appropriate oversight of drug use on the farm. Such oversight is critical in establishing and maintaining a VCPR. This oversight should include establishment of treatment protocols, training of personnel, review of treatment records, monitoring use of all drugs regardless of where or from whom the drugs are distributed.

Name: _____

Clinic Name: _____

Mailing Address: _____

City: _____ State: _____

Phone: _____ Email: _____

State(s) Licensed In: _____

Other: _____

I hereby certify that a valid Veterinarian-Client-Patient Relationship (VCPR) is established for the above listed farm and veterinarian and will remain in force until canceled by either party, or 1 year from the signature date below.

Producer Signature: _____ Date: _____

Veterinarian of Record Signature: _____ Date: _____