Animal Owner or Caretaker's Verification of Veterinarian-Client-Patient Relationship
(VET-CLIENT FORM)

I, the undersigned, hereby verify the following:

1. I am the owner/caretaker (circle either or both, as applicable) of the animal(s) identified as follows by ear tag, tattoo, leg band, etc. - all animals except for poultry and rabbits - you may attach a **copy** of the "Certificate of Veterinary Inspection" (CVI) to meet this animal relationship requirement. Poultry and rabbits do not need a CVI but need to be identified on this form. Use additional sheets as necessary.
2. I have established an ongoing "veterinarian-client-patient relationship" for the animal(s) described in the preceding paragraph with

_____,
(print 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 zoonotic diseases.

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ANIMAL ID [i.e. ear tag, tattoo, leg band,	DEPT.	REGISTRATION NAME

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.

_____
Signature of Owner/Caretaker Date

_____
Printed Name of Owner/Caretaker

_____
Address of Owner/Caretaker