

ANIMAL OWNER OR CARETAKER'S VERIFICATION OF VETERINARIAN-CLIENT-PATIENT RELATIONSHIP

I, the undersigned, hereby verify the following:

1. I am the (*CIRCLE ONE OR BOTH as applicable*) **OWNER** **CARETAKER** of the animal(s) identified as follows by ear tag, tattoo, leg band, etc.

NOTE: You may attach a copy of the "Certificate of Veterinary Inspection" (CVI) to meet this animal relationship requirement.

Use additional sheets as necessary.

Llamas, poultry, and rabbits do not need a CVI, but do need to be identified on this form.

ANIMAL ID <small>(ie ear tag, tattoo, etc)</small>	REGISTRATION NAME OR DESCRIPTION

2. I have an 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:

_____ (print 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.

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

Printed Address of Owner/Caretaker