

**VETERINARIAN'S VERIFICATION OF VETERINARIAN-CLIENT-  
PATIENT RELATIONSHIP**

I, the undersigned, hereby verify the following:

1. I am a licensed practitioner of veterinary medicine.
2. I have established an ongoing "veterinarian-client-patient relationship" with respect to certain animals owned by \_\_\_\_\_.

3. These animals are described and identified as follows - all animals except for llamas, poultry, and rabbits - you may attach a copy of the "Certificate of Veterinary Inspection" (CVI) to meet this animal relationship requirement. Llamas, poultry, and rabbits do not need a CVI but need to be identified on this form. Use additional sheets as necessary.

**Registration Name or Description** \_\_\_\_\_

4. I understand this ongoing "veterinarian-client-patient relationship" to be a relationship in which I, as a veterinarian have assumed the responsibility of making veterinary medical judgments regarding the health of the animals described in the preceding paragraph and the need for veterinary medical treatment of those animals, and in which the animal owner or caretaker has agreed to follow my instructions 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 un sworn falsification to authorities). In witness of this, I have signed and dated this verification below.

Signature of Veterinarian \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Veterinarian \_\_\_\_\_

Address of Veterinarian \_\_\_\_\_

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

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 llamas, poultry, and rabbits - you may attach a copy of the "Certificate of Veterinary Inspection" (CVI) to meet this animal relationship requirement. Llamas, poultry, and rabbits do not need a CVI, but need to be identified on this form. Use additional sheets as necessary.

**Registration Name or Description** \_\_\_\_\_

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.

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 un sworn falsification to authorities). In witness of this, I have signed and dated the verification below.

Signature of Owner / Caretaker \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Owner / Caretaker \_\_\_\_\_

Address of Owner / Caretaker \_\_\_\_\_

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