
Address of Owner/Caretaker

Phone number of Owner/Caretaker

If the Owner/Caretaker is under 18 years of age:

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

Address of Parent/Guardian

Phone number of Parent/Guardian

Veterinarian verification:

I, the undersigned, hereby verify that I have a **Veterinarian-client-patient-relationship** as defined below with the animal(s) and owner/caretaker identified on this form.

Veterinarian-client-patient-relationship. As defined in the Pennsylvania Veterinary Medicine Practice Act (act of December 27, 1974, P.L. 995, No. 326, § 3, as amended)(3 P.S. § 485.3), “means a relationship satisfying all of the following conditions: (i) the veterinarian has assumed the responsibility for making veterinary medical judgments regarding the health of an animal and the need for veterinary medical treatment, and the client, owner or caretaker of the animal has agreed to follow the instructions of the veterinarian; (ii) the veterinarian has sufficient knowledge of the animal to initiate at least a general, preliminary or tentative diagnosis of the medical condition of the animal; (iii) the veterinarian is acquainted with the keeping and care of the animal by virtue of an examination of the animal or medically appropriate and timely visits to the premises where the animal is kept; (iv) the veterinarian is available for consultation in cases of adverse reactions to or failure of the regimen of therapy; (v) the veterinarian maintains records on the animal examined in accordance with regulations established by the board.

Printed Name of Veterinarian

Signature of Veterinarian

Date

Phone number of Veterinarian

Practice Name

License number