Animal Owner or Caretaker's Verification of Veterinarian Client Patient Relationship

I.	the undersigned,	hereby	√ verif √	/ the	followina:
٠,	and aniadioignous		, ,		

1.	I am the owner	or caretaker	of the animal(s) listed.	Use additional	sheets as necessar	у.
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Official Animal ID/Other ID (list all IDs, including name*)	Breed	Sex	Age	Species	Vaccines/Tests (include name of test or product, date, results, etc.
	·	·	Ü		ship" for the animal(s) describ
*If the animal has no official ID, please incl 2. I have an established, ongoing "the preceding paragraph with name), a licensed practitioner of ve	veterinariar	n-client	-patier	nt relations	ship" for the animal(s) describ
2. I have an established, ongoing "the preceding paragraph with	veterinariar	n-client	-patier	nt relations	ship" for the animal(s) describ
2. I have an established, ongoing "the preceding paragraph with	veterinarian eterinary me narian-clien g paragrap ealth of the n, and in wh	edicine nt-patie h has a	having	g the followed the respective and/or	ship" for the animal(s) described by the ship of the animal specific ship of the ship of t
2. I have an established, ongoing "the preceding paragraph with name), a licensed practitioner of versions. I understand this ongoing "veteri veterinarian named in the precedin medical judgments regarding the homedical treatment of said animal(s).	narian-client arian client arian client arian client arian client arian set f	nt-patient has a anima arian in patient orth be	having having having l(s) de s owng relation relation, ex	tionship" det the resscribed aler and/or on to anim	ship" for the animal(s) described by the ship of the animal specific caretaker of the animal specif

Signature of Owner/Caretaker

Date

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Printed Name of Owner/Caretaker

Address of Owner/Caretaker		
Phone number of Owner/Caretaker		
If the Owner/Caretaker is under 18 year	rs 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 he the animal(s) and owner/caretaker identities	nave a Veterinarian-client-patient-relatio tified on this form.	onship as defined below with
Act (act of December 27, 1974, P.L. satisfying all of the following condition veterinary medical judgments regard treatment, and the client, owner or oveterinarian; (ii) the veterinarian has preliminary or tentative diagnosis of with the keeping and care of the aniand timely visits to the premises when in cases of adverse reactions to or f	nship. As defined in the Pennsylvania Versigna Sp. No. 326, § 3, as amended)(3 P.S. § 2005; (i) the veterinarian has assumed the ding the health of an animal and the need caretaker of the animal has agreed to follow a sufficient knowledge of the animal to inition the medical condition of the animal; (iii) the medical condition of the animal; (iii) the medical condition of the animal by virtue of an examination of the animal ere the animal is kept; (iv) the veterinariar adilure of the regimen of therapy; (v) the vence with regulations established by the bound of the sufficiency.	485.3), "means a relationship responsibility for making for veterinary medical by the instructions of the liate at least a general, the veterinarian is acquainted mal or medically appropriate in is available for consultation eterinarian maintains records
Printed Name of Veterinarian	Signature of Veterinarian	Date
Phone number of Veterinarian	Practice Name	License number