



Veterinarian-Client-Patient Relationship Validation Form

Farm Owner/Manager

Owner/Manager Name: _____

Farm Address: _____

City: _____ State: _____ Zip: _____

Premises ID Number (optional): _____

Veterinarian

Name: _____

City: _____ State: _____ Zip: _____

Clinic Name: _____

Phone Number: _____

I hereby certify that a valid Veterinarian-Client-Patient Relationship (VCPR) is established for the above listed owner and will remain in force until canceled by either party.

Upon execution of this Agreement and the establishment of the VCPR, Producer, on behalf of himself and his present or past legal representatives, predecessors, successors, assigns, agents and heirs, hereby releases and forever discharges Veterinarian from any and all claims, actions, disputes, damages or demands, at law or in equity, that Producer could or may bring in regard to Producer's participation in, or disqualification from the FARM program. Producer expressly waives any right or claim of right to assert hereafter that any claim in such regard has through ignorance, oversight or error, been omitted from the terms of this Agreement."

"In addition, upon execution of this Agreement and the establishment of the VCPR, FARM, on behalf of itself and its present or past legal representatives, predecessors, successors, assigns, agents and affiliates, hereby releases and forever discharges Veterinarian from any and all claims, actions, disputes, damages or demands, at law or in equity, that FARM could or may bring in regard to Veterinarian's participation in the VCPR; or Producer's participation in, or disqualification from the FARM program. FARM expressly waives any right or claim of right to assert hereafter that any claim in such regard has through ignorance, oversight or error, been omitted from the terms of this Agreement."



Veterinarian-Client-Patient Relationship Validation Form

Review Date: _____

Producer's Signature:

Date: _____

Review Date: _____

Veterinarian's Signature:

Date: _____

Review Date: _____

Producer's Signature:

Date: _____

Review Date: _____

Veterinarian's Signature:

Date: _____

Review Date: _____

Producer's Signature:

Date: _____

Review Date: _____

Veterinarian's Signature:

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Review Date: _____

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Date: _____

Review Date: _____

Veterinarian's Signature:

Date: _____

Review Date: _____

Producer's Signature:

Date: _____

Review Date: _____

Veterinarian's Signature:

Date: _____