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

MUST BE PRESENTED AT CHECK-IN

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. Use additional sheets as necessary.

Animal ID (i.e. ear tag, tattoo, leg band, brand)	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: _____

   _____

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. If the owner/caretaker is under 18 years of age, the signature of a parent/guardian is required.

_____ _____ _____

Printed Name of Owner/Caretaker | Signature of Owner/Caretaker | Date

_____

Address of Owner/Caretaker

_____ _____ _____

Printed Name of Parent/Guardian | Signature of Parent/Guardian | Date

_____

Address of Parent/Guardian