

**Animal Owner or Caretaker's Verification
Of Veterinarian – Client - Patient Relationship**

Revised 1/5/24

I, the undersigned, hereby verify the following:

1. I am the owner or caretaker of the animal(s) listed on the back of this form.
2. I have an established, on-going “Veterinarian – Client – Patient Relationship” for the animal(s) described in the table on the back with _____ (print veterinarian’s name), a licensed practitioner of veterinary medicine with the following business address:

3. I understand this ongoing “Veterinarian – Client – Patient Relationship” to be a relationship in which the veterinarian named above has assumed the responsibility for making veterinary medical judgements regarding the health of the animal(s) described on the back 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 animal diseases.
4. I attest and affirm that a “Veterinarian – Client – Patient Relationship” as that phrase is defined in the Veterinary Medical Practice Act, which is set forth below, exists with regards to the animal(s) identified on this form and for all animals I will be exhibiting.

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

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 judgements 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

