



Veterinarian Review Sign-Off

YEAR: _____

FACILITY INFORMATION

Facility Contact

Name _____ Phone _____

Facility Location

Facility Name _____

Address _____

City: _____ State: _____ Zip: _____

VETERINARIAN INFORMATION

Veterinarian

Name _____ Phone _____

Clinic

Name _____

Address _____

City: _____ State: _____ Zip: _____

HERD HEALTH PLAN

Signature _____ Date _____

DRUG TREATMENT RECORDS

Signature _____ Date _____

VETERINARIAN-CLIENT-PATIENT RELATIONSHIP

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 here after 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

Signature _____ Date _____

Facility Representative

Signature _____ Date _____