

Veterinarian/Client/Patient Relationship Validation Form

This form was developed by the NYBC office for your use; however a VCPR form from your Veterinarian's office will also be accepted.

I. Producer

Producer Name (list all that apply): _____

Farm Name: _____

Address: _____ City: _____

Zip: _____ County: _____

II. Veterinarian

Name: _____, DVM

Address: _____ City: _____ Zip: _____

License No. _____ USDA Accreditation No. _____

I hereby certify that a valid Veterinarian/Client/Patient/Relationship (VCPR) is established for the above listed owner(s) and will remain in force until canceled by either party or the verification expiration date is reached.

Veterinarian's Signature: _____ Date: _____

A Veterinarian/Client/Patient Relationship is present when all of the following requirements are met:

1. The veterinarian has assumed the responsibility for making clinical judgments regarding the health of the patient and the client has agreed to follow the veterinarians' instructions.
2. The veterinarian has sufficient knowledge of the patient to initiate at least a general or preliminary diagnosis of the medical condition of the patient. This means that the veterinarian is personally acquainted with the keeping and care of the patient by virtue of a timely examination of the patient by the veterinarian, or medically appropriate and timely visits by the veterinarian to the operation where the patient is managed.
3. The veterinarian is readily available for follow-up evaluation or has arranged for the following: veterinary emergency coverage, and continuing care and treatment.
4. The veterinarian provides oversight of treatment, compliance, and outcome.
5. Patient records are maintained.

RETURN FORM TO: NEW YORK BEEF INDUSTRY COUNCIL, 6351 NYS Route 26 South Rome, NY 13440