

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

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 – all animals except for llamas, poultry, and rabbits - you may attach a **copy** of the "Certificate of Veterinary Inspection" (CVI) to meet this animal relationship requirement. Llamas, poultry, and rabbits do not need a CVI but need to be identified on the form. Use additional sheets as necessary.

ANIMAL ID [i.e. ear tag, tattoo, leg band, brand]	REGISTRATION NAME OF 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 instruction of the veterinarian in relation to zoonotic diseases,

I verify the forgoing 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.

Signature of Owner/Caretaker Date

Printed Name of Owner/Caretaker

Address of Owner/Caretaker