

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

I, the undersigned, hereby verify the following:

- 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. be identified on this form.

ANIMAL ID (I.E. Ear Tag • Tattoo • Leg Band • Brand)	REGISTRATION NAME or DESCRIPTION

- I have an established an ongoing “veterinarian-client-patient relationship” for the animals(s) described in the preceding paragraph with \_\_\_\_\_ (print name), a licensed practitioner of veterinary medicine having the following business address:  
\_\_\_\_\_.
- 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 judgements 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.

\_\_\_\_\_  
Signature of Owner/Caretaker                      Date

\_\_\_\_\_  
Printed Name of Owner/Caretaker

\_\_\_\_\_  
Address of Owner/Caretaker