**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. You may submit a copy of the "Certificate of Veterinary Inspection" (CVI) to meet this animal relationship requirement. Rabbits do not need a CVI but need to be identified on this form. Use additional sheets as necessary.

| Animal ID (ear tag, tattoo, brand) | Registration Name or Description |
|---|---|
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2. I have 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 the ongoing "veterinarian-client-patient relationship" to be a relationship in which the veterinarian named in the preceding paragraph has assumed the responsibility for making the 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 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