



VETERINARIAN CLIENT PATIENT RELATIONSHIP (VCPR) VERIFICATION FORM

PART 1

To be completed by the owner or caretaker of the animal(s):

I, the undersigned, hereby verify the following:

1. I am the owner or caretaker of the animal(s) listed. Use continuation sheets if needed.

Official Animal ID/Other ID*	Breed	Sex	Age	Species	Vaccine/Tests**

*List all ID's, including name

- If the animals has no official ID, please include a description, including color and all markings

**Include name of test or product, date, results, etc.

2. I have an established, ongoing "Veterinarian Client Patient Relationship" for the animal(s) described in the preceding paragraph with the following veterinarian, who is a licensed and accredited practitioner of veterinary medicine.

Veterinarian's Name:	
Veterinarian's Business Address:	
Veterinarian's Phone Number:	

3. I understand this ongoing "Veterinarian Client Patient Relationship" to be a relationship in which the veterinarian named above has assumed the responsibility for making veterinary medical judgments regarding the health of the animal(s) listed 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.



**VETERINARIAN CLIENT PATIENT RELATIONSHIP (VCPR)
 VERIFICATION FORM (CONTINUED)**

4. I attest and affirm that a “Veterinarian Client Patient Relationship” – as that phrase is defined in the Veterinary Medical Practice Act and any amendments thereto – “exists with regards to the animals I will be exhibiting.”

I verify that all the information above is accurate. I make this statement subject to the penalties of COMAR (relating to unsworn falsification to authorities). I have signed and dated this verification below. If the owner/caretaker is under 18 years of age, the signature of a parent/guardian is required.

Printed Name of Owner/Caretaker	
Signature of Owner/Caretaker	
Address of Owner/Caretaker	
Contact Number of Owner/Caretaker	
Email Address of Owner/Caretaker	
Date	

If the Owner/Caretaker is **under 18 years of age** the signature of a parent/guardian is **required**:

Printed Name of Parent/Guardian	
Signature of Parent/Guardian	
Address of Parent/Guardian	
Contact Number of Parent/Guardian	
Email Address of Parent/Guardian	
Date	



VETERINARIAN CLIENT PATIENT RELATIONSHIP (VCPR) VERIFICATION FORM (CONTINUED)

PART 2

To be completed by the veterinarian:

I, the undersigned, hereby verify that I have a VCPR as defined below with the animal(s) and owner/caretaker identified on this form.

Veterinarian-Client-Patient-Relationship (VCPR): As defined in the *ANNOTATED CODE OF MARYLAND AGRICULTURE, TITLE 2 SUBTITLES 3 AND 17, 15.01.11 AND 15.14*, a relationship satisfying all of the following conditions: (a) The veterinarian has assumed the responsibility for making clinical judgments regarding the health of the animal and the need for medical treatment, and the client has agreed to follow the veterinarian's instructions; (b) The veterinarian has sufficient knowledge of the animal to initiate at least a general or preliminary diagnosis of the medical condition of the animal because the veterinarian has recently seen and is personally acquainted with the keeping and care of the animal through either: (i) A physical examination; or (ii) Medically appropriate and timely visits to the location where the animal is kept

Printed Name of Veterinarian	
Signature of Veterinarian	
Practice Name	
Phone Number of Veterinarian	
License Number of Veterinarian	
Accreditation Number of Veterinarian	
Email Address of Veterinarian	
Date	

THIS FORM SHALL BE VALID FOR NO MORE THAN ONE YEAR FOLLOWING THE DATE OF SIGNATURE BY THE VETERINARIAN.

COPIES SHOULD BE RETAINED BY THE OWNER/CARETAKER, VETERINARIAN, AND EXHIBITION, AND PRESENTED WHEN REQUIRED BY MDA ANIMAL HEALTH OR EVENT STAFF. FAILURE TO DO SO WILL RESULT IN REJECTION FROM THE EVENT.

