

# Veterinarian Client Patient Relationship (VCPR) Agreement

## A Valid VCPR requires the following:

- ✓ The farm owner consents to entering into this VCPR
- ✓ The Veterinarian of Record (VOR) has sufficient knowledge of the farm and animals
- ✓ The VOR takes responsibility for making medical judgments regarding the health and welfare of cattle on the farm
- ✓ The farm owner and farm management/workers each agree to follow the VOR's instructions
- ✓ The VOR is available for follow up and agrees on a schedule for timely visits
- ✓ *If farm owners, managers or workers use or administer drugs contrary to the VOR's instructions, it is a violation of the VCPR, making this agreement null and void.*

## Farm Information

Owner Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Farm Name: \_\_\_\_\_  
Farm Address (if different from above): \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### Animal Groups covered in this VCPR:

Lactating cows	<input type="checkbox"/>	Breeding Age Heifers	<input type="checkbox"/>	Dry Cows	<input type="checkbox"/>
Weaned calves	<input type="checkbox"/>	Milk fed calves	<input type="checkbox"/>		

**Veterinarian of Record Information:** *The veterinarian of record takes responsibility for making medical judgments on the farm regarding the health and welfare of animals and is the responsible party for providing appropriate oversight of drug use on the farm. Such oversight is critical in establishing and maintaining a VCPR. This oversight should include establishment of treatment protocols, training of personnel, review of treatment records, monitoring use of all drugs regardless of where or from whom the drugs are distributed.*

Name: \_\_\_\_\_ Clinic Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
State Licensed in: \_\_\_\_\_ Other: \_\_\_\_\_

Before signing this agreement, the following must be completed:

- Document an Approved Drug List, noting condition to be treated, proper dose, route and withdrawal times
- Develop and commit to maintaining a Treatment Record System (written or computer based)
- VOR provides/approves treatment protocols

*I hereby certify that a valid VCPR is established for the above listed farm and veterinarian and will remain in force until canceled by either party, or 1 year from the signature date below.*

Farmer/Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Veterinarian of Record Signature: \_\_\_\_\_ Date: \_\_\_\_\_