

Veterinarian-Client-Patient Relationship Validation Form



CALF CARE &
QUALITY
ASSURANCE

Farm Owner/Manager:

OWNER/MANAGER NAME

PREMISES ID NUMBER (OPTIONAL)

FARM ADDRESS

CITY

STATE

ZIP

Veterinarian:

CLINIC NAME

VETERINARIAN NAME

ADDRESS

CITY

STATE

ZIP

PHONE

I hereby certify that a valid Veterinarian-Client-Patient Relationship (VCPR) is established for the above listed owner and will remain in force until canceled by either party.

Upon execution of this Agreement and the establishment of the VCPR, Producer, on behalf of himself and his present or past legal representatives, predecessors, successors, assigns, agents and heirs, hereby releases and forever discharges Veterinarian from any and all claims, actions, disputes, damages or demands, at law or in equity, that Producer could or may bring in regard to Producer's participation in, or disqualification from the FARM program. Producer expressly waives any right or claim of right to assert hereafter that any claim in such regard has through ignorance, oversight or error, been omitted from the terms of this Agreement."

"In addition, upon execution of this Agreement and the establishment of the VCPR, FARM, on behalf of itself and its present or past legal representatives, predecessors, successors, assigns, agents and affiliates, hereby releases and forever discharges Veterinarian from any and all claims, actions, disputes, damages or demands, at law or in equity, that FARM could or may bring in regard to Veterinarian's participation in the VCPR; or Producer's participation in, or disqualification from the FARM program. FARM expressly waives any right or claim of right to assert hereafter that any claim in such regard has through ignorance, oversight or error, been omitted from the terms of this Agreement.