

Veterinary Client/Patient Relationships Validation Form

I. Producer

Producer Name: _____

Address: _____ City: _____ Zip: _____

Farm Name and Location: _____

Section: _____ Township: _____ County: _____

Certified Status:

Verified: _____ Review Date: _____

Expiration Date: _____

Type of Operation Certified: (circle all that apply)

1. Cow/Calf

2. Dairy Production (cull-cows)

3. Beef and/or Dairy Beef Grower

4. Beef and/or Dairy Beef Grower-Finisher

II. Veterinarian

Name: _____, DVM

Address: _____ City: _____ Zip: _____

SD License No. _____ USDA Accreditation No. _____

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

Veterinarian's Signature: _____

Date: _____