



Declaration of Vet-Client-Patient Relationship For use of veterinary medicine

Producer Name: _____

Address: _____

Veterinarian Name: _____

Veterinarian Declaration:

As of this date, the veterinarians at our clinic have a recent and sufficient working knowledge of the general health status of the cattle in this herd. I have verified that this producer works with our veterinary clinic and has in place protocols to identify and treat sick cattle, and for preventing further illness or cross contamination.

I have reviewed and discussed the use of veterinary medicines with _____, the person responsible for the use of veterinary medicines for this herd. I have advised this person that veterinary medicines must always be used according to label directions, unless a licensed veterinarian who has a valid Vet-Client-Patient Relationship (VCPR) with the producer and the producer's herd has provided written direction to do otherwise.

Veterinarian's Signature : _____

Date: _____

Producer Declaration:

As an Ontario Corn Fed Beef Quality Assurance Program producer, I acknowledge that I am responsible for and that I will maintain an ongoing relationship with a licensed veterinarian for animal health and advisory services. I agree that veterinary medicine will always be used according to label directions, unless a licensed veterinarian who has a valid Vet-Client-Patient Relationship (VCPR) with me has provided written directions to do otherwise.

Print Name: _____

Signature: _____

Date: _____