

DERRY TOWNSHIP AGRICULTURAL FAIR

Animal Owner or Caretaker's Verification of Veterinarian Client-Patient Relationship Form

Keep this paper with your VET papers

ANIMAL ID (i.e. ear tag, tattoo, leg band, brand)	REGISTRATION NAME OR DESCRIPTION

I, the undersigned, hereby verify the following:

1. I am the owner/caretaker (circle one or both) of the following animal(s), identified by ear tag, tattoo, leg band, etc. (A copy of the "Certificate of Veterinary Inspection: may be attached to meet this animal identification requirement. Use additional sheets as necessary.)
2. I have established an ongoing "Veterinarian-Client-Patient Relationship" for the animal(s) described in the preceding paragraph with _____
(print name), a licensed practitioner of veterinary medicine having the following business address:

3. I understand this ongoing "Veterinarian-Client-Patient Relationship" to be a relationship in which the veterinarian named in the preceding paragraph has assumed the responsibility for making veterinary medical judgments regarding the health of the animal(s), have agreed to follow the instructions of the veterinarian in relation to zoonotic diseases.

I verify the foregoing to be accurate. I make the foregoing statement subject to the penalties of 18 Pa. C.S.A. § 4904 (relating to unsworn falsification to authorities). In witness of this, I have signed and dated this verification below. *I attest and affirm that a "veterinary consolation relationship – as that phrase is defined in the Animal Exhibition Sanitation Law found at 3 Pa. C.S.A. § 2501 et seq. and any amendments thereto – exists with regard to any animals I will exhibiting."*

Signature of Owner/Caretaker

Date

Printed name of Owner/Caretaker