

# **~VETERINARIAN VERIFICATION FORM~**

**Entries received Sunday, September 5 between 1:00 and 7:00 PM**

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

Please Do Not Mail This Form. Bring It With You Day of Registration

I, the undersigned, hereby verify the following:

1. I am the owner/caretaker (circle either or both, as applicable) of the animal(s) identified as follows by ear tag, tattoo, etc. You may attach a copy of the "Certificate of Veterinary Inspection" (CVI) to meet this animal relationship requirement. Use additional sheets as necessary.

ANIMAL ID (Tag, Tattoo, Brand etc)	REGISTRATION NAME OR DESCRIPTION

2. I have an established and 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) described above and the need for veterinary medical treatment of said animal(s), and in which I, as owner and/or caretaker 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.

\_\_\_\_\_  
Signature of Owner/Youth Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Owner/Youth Guardian

\_\_\_\_\_  
Address of Owner/Youth Guardian