



# VCPR VALIDATION DENTAL FORM

*Corresponds with Requirement 5.1*

This facility uses a licensed veterinarian for all dental procedures conducted.

**Farm Owner Signature:**

**Date:**

**Veterinarian Signature:**

**Date:**

OR

This facility uses the services of a licensed veterinarian and/or a trusted operator (a service provider not licensed as a veterinarian) for dental procedures.

- The operator must demonstrate competencies to perform dental procedures and only work under direct veterinary supervision.

**Operator Full Name:**

**Operator Business Name: *(if applicable)***

**Phone Number:**

**Alternate Phone Number:**

**Veterinarian Name:**

**Clinic/Business Name:**

**Phone Number:**

**Alternate Phone Number:**



*I \_\_\_\_\_ (veterinarian name) hereby certify that a valid Veterinarian/Client/Patient Relationship (VCPR) is established for the above listed operator and will remain in force until canceled by either party. I also certify that I have supplied the above listed operator with training on dental procedures and pain management, and that I am willing and able to diagnose oral disease or other issues, prescribe the required drugs for pain control, sedation, and provide interventions, as needed.*

**Operator Signature:**

**Date:**

**Veterinarian Signature:**

**Date:**

**Farm Owner Signature:**

**Date:**

*The form is considered valid from the date of signage by the veterinarian.*