



VCPR

Corresponds with Requirement 1.0

Farm Owner Name:

Farm Address:

City:

Province:

Postal Code:

Contact Information:

Phone:

Email:

Attending Veterinarian Name:

Clinic/Business Name:

Clinic/Business Address:

City:

Province:

Postal Code:

Contact Information:

Phone:

Email:

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

Farm Owner Signature:

Date:

Attending Veterinarian Signature:

Date:



FOR RE-CERTS AND NON-VISITATION YEARS:

Renewal Year:

Farm Owner Signature:

Date:

Attending Veterinarian Signature:

Date:

Renewal Year:

Farm Owner Signature:

Date:

Attending Veterinarian Signature:

Date:

Renewal Year:

Farm Owner Signature:

Date:

Attending Veterinarian Signature:

Date:

Renewal Year:

Farm Owner Signature:

Date:

Attending Veterinarian Signature:

Date:

Renewal Year:

Farm Owner Signature:

Date:

Attending Veterinarian Signature:

Date:

Renewal Year:

Farm Owner Signature:

Date:

Attending Veterinarian Signature:

Date: