ANIMAL OWNER OR CARETAKER'S VERIFICATION OF VETERINARIAN-CLIENT-PATIENT RELATIONSHIP

I, the undersigned, hereby verify the following:

1. I am the owner/caretaker (circle either or both, as possible) of the animal(s) identified as follows by ear tag, tattoo, leg band, etc. - all animals except for llamas, poultry, and rabbits - you may attach a copy of the "Certificate of Veterinary Inspection: (CVI) to meet this animal relationship requirement. Llamas, poultry, and rabbits do not need a CVI but need to be identified on this form. Use additional sheets as necessary.

ANIMAL ID (i.e. ear tag, tattoo, leg band, brand)	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 address: _____ _____ .

3. I understand this ongoing"veterinarian-client-patient relationship" to be a relationship in which the veterinarian named in the proceeding 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 the 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 to this, I have signed and dated this verification below.

_____

Signature of Owner/Caretaker Date

_____

Printed Name of Owner/Caretaker

_____

Address of Owner/Caretaker

Revised 4-11-03

NOTE - DO NOT MAIL. Submit to superintendent upon arrival at Fairground.