



# Veterinarian-Client-Patient Relationship Validation Form

## Ranch/SQA Owner/Manager

Owner/Manager Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Premises ID Number (optional): \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Veterinarian

Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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.

*Upon execution of this Agreement and the establishment of the VCPR, Producer, on behalf of himself and his present or past legal representatives, predecessors, successors, assigns, agents, and heirs, hereby releases and forever discharges Veterinarian from any and all claims, actions, disputes, damages or demands, at law or in equity, that Producer could or may bring in regard to Producer's participation in, or disqualification from the SQA program. Producer expressly waives any right or claim of right to assert hereafter that any claim in such regard has through ignorance, oversight, or error, been omitted from the terms of this Agreement."*

*"In addition, upon execution of this Agreement and the establishment of the VCPR, SQA, on behalf of itself and its present or past legal representatives, predecessors, successors, assigns, agents and affiliates, hereby releases and forever discharges Veterinarian from any and all claims, actions, disputes, damages or demands, at law or in equity, that SQA could or may bring in regard to Veterinarian's participation in the VCPR; or Producer's participation in, or disqualification from the SQA program. SQA expressly waives any right or claim of right to assert hereafter that any claim in such regard has through ignorance, oversight or error, been omitted from the terms of this Agreement."*



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## Updated/Reviewed

Producer Signature:

Veterinarian's Signature:

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Producer Signature:

Veterinarian's Signature:

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Producer Signature:

Veterinarian's Signature:

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_