

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 applicable) 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 an 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/Caretaker Date

Printed Name of Owner/Caretaker

Address of Owner/Caretaker

PENNSYLVANIA DEPARTMENT OF AGRICULTURE

Certificate of Veterinary Inspection

1 Certificate Number **A 594065**

Intrastate
 Interstate
 Sale
 Exhibition

2 Seller/Exhibitor/Consignor Name _____ Address _____

3 Purchaser/Name of Show/Consignee Name _____ Address _____ Permit Number _____

4 SPECIES	5 STATE STATUS	6 HERD STATUS	13 INDIVIDUAL ANIMAL TESTS & VACCINATION REPORT											
<input type="checkbox"/> Camelid <input type="checkbox"/> Bovine <input type="checkbox"/> Equine <input type="checkbox"/> Porcine <input type="checkbox"/> Ovine <input type="checkbox"/> Cervid <input type="checkbox"/> Caprine <input type="checkbox"/> Canine <input type="checkbox"/> Avian Other _____	TB _____ Bruc. _____ Other _____	TB Accredited herd # _____ date _____ Bruc. Certified herd # _____ date _____ Bruc. Validated herd # _____ date _____ Other _____	BRUCELLOSIS TEST		TB TEST		OTHER TEST							
7 HERD OWNER NAME ADDRESS	8 ANIMAL ID. EAR TAG #	9 REGISTRY NAME DESCRIPTION	10 DATE OF BIRTH (AGE)	11 SEX	12 BREED	DATE BLOOD IS DRAWN	RESULT	DATE OF READING	RESULT	DATE	RESULT	DATE	RESULT	
SAMPLE														
CERTIFICATE OF VETERINARY INSPECTION														
ISSUED BY YOUR ACCREDITED VETERINARIAN														
			BRUCELLOSIS Vaccination Date _____ or Tattoo Date _____		<input type="checkbox"/> Card <input type="checkbox"/> Tube <input type="checkbox"/> Plate <input type="checkbox"/> RAP <input type="checkbox"/> Other									
			Tattoo Date _____											

14 I have personally inspected the animals described hereon and found them to be free of any evidence of infectious, contagious or communicable disease. The vaccinations and results of tests are as indicated, and this certificate is issued in compliance with entrance requirements of the state of destination.

15 Date of Issue _____ Vet Code _____
 Issued by (PRINT NAME) _____ (VETERINARIAN)
 Address _____

16 BUREAU USE ONLY
 Director: B.A.H.D.S. _____
 Lab Accession # _____
 B.A.H.D.S. Agent _____

Date of inspection _____ Signature _____ (VETERINARIAN)