Animal Owner or Caretaker's Verification of Veterinarian-Client-Patient Relationship (VCPR) _ Westmoreland Fair

Please fill out one form per PREMISE, multiple exhibitors may be listed on the same VCPR form. These forms will be collected at time of check-in at the fairgrounds.

I, the undersigned, hereby verify the following:

1. I am the owner or caretaker of the animal(s) listed. Use additional sheets as necessary.

Exhibitor's Name	Official Animal ID/Other ID (list all IDs, including name*)	Breed	Sex	Age/DOB	Species	Vaccines/Test/Pregnancy status (Include name of test or product, date, results, etc)

*If the animal has no official ID, please include a description, including color and all markings

2. I have and established, ongoing "veterinarian-client-patient relations" for the animals(s) described in the preceding paragraph with _____(print veterinarian's name), a licensed practitioner of veterinary medicine having the following business name and 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 medication judgements 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 the relation to animal disease

4. I attest and affirm that a "veterinarian-client-patient relationship", as that phrase is defined in the Veterinary Medical Practice Act, which is set forth below, exists with regards to the animals identified above in the form and for all animals I will be exhibiting.

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. If the owner/caretaker is under 18 years of age, the signature of a parent/guardian is required.

Printed Name of Owner/Caretake | Signature of Owner/Caretaker | Date

Address of Owner/Caretaker Date | Phone number of Owner/Caretaker

If the Owner/Caretaker is under 18 years of age:

Printed Name of Parent/Guardian | Signature of Parent/Guardian | Date

Address of Parent/Guardian | Phone Number of Parent/Guardian

Veterinarian verification:

I, the undersigned, hereby verify that I have a **Veterinarian-client-patient relationship** as defined below with the animal(s) and owner/caretaker identified on this form. I, the undersigned, also verify that I have **visually, and in-person, examined the listed animal(s) within 90 days** of the date of check-in at the Westmoreland Fair and have found them free from any infection, contagious, parasitic, or zoonotic disease. The animals are healthy and fit for travel to and housing at the Westmoreland fair. **RABBITS ARE EXEMPT FROM THE VETERINARY VISUAL, IN-PERSON INSPECTION REQUIREMENT BUT THE FORMS MUST STILL BE SIGNED BY A VETERINARIAN.** Poultry (chickens and turkeys) do not require a VCPR but must be accompanied to the fair by an "Owner-Endorsed Avian Health Certificate and Biosecurity Statement".

Veterinarian-client-patient relationship. As defined in the Pennsylvania Veterinary Medicine Practice Act (act of December 27, 1974, P.L. 995, No. 326, § 3, as amended)(3 P.S. § 485.3), "means a relationship satisfying all of the following conditions: (i) the veterinarian has assumed the responsibility for making veterinary medical judgments regarding the health of an animal and the need for veterinary medical treatment, and the client, owner or caretaker of the animal has agreed to follow the instructions of the veterinarian; (ii) the veterinarian has sufficient knowledge of the animal to initiate at least a general, preliminary or tentative diagnosis of the medical condition of the animal; (iii) the veterinarian is acquainted with the keeping and care of the animal by virtue of an examination of the animal or medically appropriate and timely visits to the premises where the animal is kept; (iv) the veterinarian is available for consultation in cases of adverse reactions to or failure of the regimen of therapy; (v) the veterinarian maintains records on the animal examined in accordance with regulations established by the board.

Location of examination | Date of visual inspection / examination

Printed Name of Veterinarian | Signature of Veterinarian | Date Signed

Phone number of Veterinarian | Practice Name | License number

ADDITIONAL ANIMALS TO BE INCLUDED IN ABOVE VPCR AGREEMENT:

Name of Owner/Caretaker Name of Veterinarian

Exhibitor's Name	Official Animal ID/Other ID (list all IDs, including name*)	Breed	Sex	Age/DOB	Species	Vaccines/Test (Include name of test or product, date, results, etc)