## **Veterinary Client Patient Relationship (VCPR) Agreement Form**

Client Name	ə:				
Address:					
City:	St	ate:	Zip Code:		
Phone Num	ber:	Email: _			
· ·	nent is signed by a veterinarian for re				
1.	Use all prescription medication on the farm according to the treatment protocols and/or directions of the veterinarian.				
2.	No medication, prescription, VFD or over the counter product will be used in a manner not listed on the label unless directed by the veterinarian.				
3.	j j				
4.	, ,				
5.	The veterinarian will provide appropriate oversight and monitoring of treatment protocols for the owner of the farm.				
6.					
7.	. The veterinarian will provide training and instruction for proper treatment methods.				
8.	11 1				
9.	<ol><li>If a Veterinary Client Patient Relationship (VCPR) does not exist for a farm, the veterinarian will not provide prescription drugs to the farm and the farm cannot use any drugs in a manner not listed on the</li></ol>				
	provide prescription drugs to the fall label. Regular routine herd health			ot listed on the	
10				idelines	
	<ol> <li>All medications will be stored and labeled on the farm according to state and federal guidelines.</li> <li>Prescription medications will be used on the farm for which they were prescribed only. At no time can prescription medications be sold or borrowed to another farm without the direct approval of the</li> </ol>				
	veterinarian of record and doing so				
12	. The veterinarian will provide oversi	ght and documer	ntation for all VFD (Veterinary Feed	Directive) use.	
Additional V	/CPR items:				
owner. The	agreement can be terminated upon very VCPR agreement will reviewed and in the owner or veterinarian of record.	signed annually.			
Farm Owner:			Date:		
Veterinary S	Signature:		Date;		