

Troy Fair Draft Horse Show

Veterinarian-Client-Patient Relationship Validation Form

Farm Owner/Manager

Owner/Manager Name: _____

Farm Address: _____

City: _____ State: _____ Zip: _____

Veterinarian

Name: _____

City: _____ State: _____ Zip: _____

Clinic Name: _____

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.

Farm Managers Signature: _____

Date: _____