



# VETERINARIAN REVIEW ANNUAL SIGN-OFF FORM

*This form is acceptable to meet the written “Veterinarian-Client-Patient Relationship,” “Herd Health Plan” and “Drug Treatment Records” standards signed annually within FARM Animal Care Version 4.*

**YEAR**

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## FACILITY OWNER/MANAGER INFORMATION

Facility Owner/Manager Name

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Facility Name

Premises ID Number (Optional)

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Facility Address

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City

State

Zip

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## VETERINARIAN INFORMATION

Veterinarian Name

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Clinic Name

Phone Number

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Clinic Address

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City

State

Zip

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## DRUG TREATMENT RECORDS VETERINARIAN REVIEW

Review Date

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*This section is acceptable to meet the “permanent (written or electronic) drug treatment records reviewed at least annually by the Veterinarian of Record” standard within FARM Animal Care Version 4.*

# VETERINARIAN REVIEW YEARLY SIGN-OFF

## HERD HEALTH PLAN VETERINARIAN REVIEW

Review Date \_\_\_\_\_

*This section is acceptable to meet the “permanent (written or electronic) drug treatment records reviewed at least annually by the Veterinarian of Record” standard within FARM Animal Care Version 4.*

### Protocols Reviewed

Pre-Weaned Calf Management	Treatment of Common Diseases	Vaccinations	Biosecurity
Non-Ambulatory Animal Management	→ Mastitis	Lameness Prevention and Treatment	Branding
Fitness to Transport	→ Metritis	Emergency Action or Crisis Plan	Castration
Euthanasia	→ Milk Fever	Pest Control	_____
Difficult Calvings (Dystocia)	→ Ketosis	Fly Control	_____
Milking Procedures	→ Displaced Abomasum	Parasite Control	_____
	→ Pneumonia		_____
	→ Diarrhea		_____

## VETERINARIAN-CLIENT-PATIENT RELATIONSHIP

*This section is acceptable to meet the “written Veterinarian-Client-Patient Relationship that is signed by the farm owner and Veterinarian of Record annually within the previous 12 months” standard within FARM Animal Care Version 4.*

*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 themselves and their 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 FARM 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, FARM Program, 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 FARM Program could or may bring in regard to Veterinarian’s participation in the VCPR; or Producer’s participation in, or disqualification from the FARM Program. FARM Program 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.

## SIGNATURES BELOW ACCEPT THE ABOVE ANNUAL DRUG TREATMENT RECORDS REVIEW, HERD HEALTH PLAN REVIEW AND VCPR AGREEMENTS

Facility Owner/Manager Signature \_\_\_\_\_

Review Date \_\_\_\_\_

Veterinarian Signature \_\_\_\_\_

Review Date \_\_\_\_\_