

Wisconsin Beef Quality Assurance Program

CONFIRMATION OF VETERINARIAN/CLIENT/PATIENT RELATIONSHIP

This affidavit confirms that I have a valid Veterinarian/Client/Patient Relationship with the livestock producer listed here (please print):

Name: _____

Address: _____

Producer Signature _____ Date _____

The American Veterinary Medical Association defines a valid Veterinary/Client/Patient Relationship to exist when:

The veterinarian assumes responsibility for making medical judgments and the need for treatment, and the client agrees to follow instructions of the veterinarian.

There is sufficient knowledge of the animals by the veterinarian to initiate at least a general or preliminary diagnosis (the veterinarian has seen and is personally acquainted with the keeping and care of the animals).

The veterinarian assumes responsibility for making medical judgments and the need for treatment, and the client agrees to follow instructions of the veterinarian. There is sufficient knowledge of the animals by the veterinarian to initiate at least a general or preliminary diagnosis (the veterinarian has seen and is personally acquainted with the keeping and care of the animals).

Veterinarian:
Name (please print): _____

Address: _____

Signature: _____ Date _____

Include this form with the test materials sent to the Wisconsin Cattlemen Association