



Veterinary Client-Patient Relationship Validation Form

I. Producer

Name _____
 Address _____
 City _____ State _____ Zip _____
 Daytime Phone _____ Cell Phone _____
 Email Address _____
 Farm Name _____
 Location (if different than above) _____

 Alternate Contact Person _____

II. Veterinarian

Louisa Veterinary Service, Inc.
 P.O. Box 492
 Louisa, VA Phone (540)967-2974 Fax (540)967-7271 Email: louisavet@gmail.com

III. Herd Information

Type of Operation _____
 Brief Description of Current Herd Inventory (Numbers, Breed, etc.) _____

Does this herd participate in a VQA tagging program? Yes No

If yes, which one _____

What personnel on this farm administer drugs or vaccines to animal (most common person listed first)?

****Please attach any discussed on-farm treatment protocols with this document****

IV. Herd Health Program

Is this herd on a specific vaccination schedule? Yes No

If yes, which vaccines are currently given?

Disease Vaccinated	Yes/ No	Product Used	Age(s) administered
BVD (type I & II)	Y / N		
IBR	Y / N		
PI ₃	Y / N		
BRSV	Y / N		
Clostridial	Y / N		
Leptospirosis	Y / N		
Other:			
Other:			

Does this herd have a control program for internal and/or external parasites? Yes No

If yes, describe product(s) used and frequency: _____

Does this herd use implants? Yes No

If yes, describe product(s) used and frequency: _____

V. Reproduction

Does this herd use breeding synchronization programs? Yes No

If yes, please select any drugs utilized in your breeding synchronization program:

- Prostaglandin (Lutalyse, Estrumate) Other _____
- GnRH (Cystorelin, Factrel)
- Progesterone (CIDR, MGA)

VI. Antibiotics

Please select ALL antibiotic drugs currently used on the farm:

Drug	Used	Withdrawal (days)
Penicillin (PPG)	Y / N	45
LA-200 (Oxytetracycline)	Y / N	28
Excenel (Ceftiofur)	Y / N	3
Excede (Ceftiofur)	Y / N	13
Naxcel (Ceftiofur)	Y / N	4
Nuflor (Florfenicol)	Y / N	28 (IM) 38 (IV/SQ)
Draxxin (Tulathromycin)	Y / N	18
Zacran (Gamithromcin)	Y / N	35
Zuprevo (Tildipirosin)	Y / N	21
Baytril (Enrofloxacin)	Y / N	28

Other drugs not listed: _____

Additional Comments: _____

Veterinary/ Client/ Patient Relationship

In signing this form, I certify that I have assumed the responsibility for making clinical judgments regarding the health of the animals on this farm and the need for medical treatment as specified by me. I believe that I have sufficient knowledge of the animal(s), their care, and medical conditions to specify therapies to be used as I have dictated for the conditions discussed. I have personally inspected the groups of animals, their housing, and the provisions for their care. A provision has been made to respond to the need for emergency coverage or in the event of adverse reactions or failure or the treatment regimen.

Veterinarian's Name _____

Veterinarian's Signature _____ **Date** _____

In signing this form, I certify that I have the authority to represent this farm's management and have agreed to follow the veterinarian's instructions regarding the treatment of conditions covered by this veterinary/client/patient relationship.

Producer's Name _____

Producer's Signature _____ **Date** _____