

VETERINARIAN/CLIENT/PATIENT RELATIONSHIP

Northern Illinois Veterinary Services

Milledgeville, IL

651 Otter Creek Drive
Milledgeville, IL 61051
815-225-7127

Stockton, IL

635 N Simmons St
Stockton, IL 61085
815-947-2626

Drs. Keith Collins, Jeff Waite, Chelsey Ramirez, Tracy Burckhardt, Meghan Ward, Krista Carroll,
Preston Cernek, Julie Crome & Colin Marburger

Premises ID Number: _____ **Farm Name:** _____

This letter is to confirm that a Veterinarian/Client/Patient Relationship (VCPR) exists for the specific premises indicated above. As part of the VCPR for this premise(s):

1. A veterinarian has assumed the responsibility for making medical judgements regarding the health of the animal(s) and the need for medical treatment, and the client (the owner of the animal(s) or other caretaker) has agreed to follow the instructions of the veterinarian.
2. There is sufficient knowledge of the animal(s) by the veterinarian to initiate at least a general or preliminary diagnosis of the medical condition of the animal(s).
3. The practicing veterinarian is readily available for follow-up in case of adverse reactions or failure of the regimen of therapy.

Veterinarian

Printed Name: _____

Signature: _____ Date: _____

Producer

Printed Name: _____

Signature: _____ Date: _____

EMAIL ADDRESS: _____

Farm Address: _____

Farm Address: _____

Farm Address: _____