

Farm Information

Farm Information _____ Date _____
 Mailing Address _____ City _____ State _____
 Farm Name _____
 Farm Address _____
 (if different from above)
 Primary Phone _____ Fax _____ Email _____

Animal Groups Covered in this VCPR

Lactating cows Breeding Age Heifers Dry cows
 Weaned calves Milk-fed calves

Veterinarian of Record Information: The veterinarian of record takes responsibility for making medical judgments on the farm regarding the health and welfare of animals and is the responsible party for providing appropriate oversight of drug use on the farm. Such oversight is critical in establishing and maintaining a VCPR. This oversight should include establishment of treatment protocols, training of personnel, review of treatment records, and monitoring use of all drugs regardless of where or from whom the drugs are distributed.

Name _____ Clinic Name _____
 Mailing Address _____ City _____ State _____
 Primary Phone _____ Email _____
 State Licensed in _____ Other _____

Before signing this agreement, the following must be completed

- Develop an approved drug list, noting condition to be treated, proper dose, route and withdrawal times.
- Develop and commit to maintaining a treatment record system (written or computer based).
- VOR provides/approves treatment records.

I hereby certify that a valid VCPR is established for the above listed farm and veterinarian and will remain in force until canceled by either party, or one year from signature date below.

Farmer/Owner Signature _____ **Date** _____

