

Rose Hill Veterinary Practice, P.C. – Large Animal  
Thomas B. Massie Jr., DVM  
Monica L. O'Brien, DVM  
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21A Christmas Tree Lane  
PO Box 248  
Washington, VA 22747

Providing the Best in Production Management  
Medicine and Surgery

## Veterinary Client / Patient Relationship Validation Form

### **I. Producer**

Producer Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: VA Zip: \_\_\_\_\_

Farm Name and Location: \_\_\_\_\_

Section: \_\_\_\_\_ Township: \_\_\_\_\_ County: \_\_\_\_\_

Premises ID Number (optional): \_\_\_\_\_

Producer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

### **II. Veterinarian**

Name: Rose Hill Veterinary Practice, P.C. - Large Animal Clinic

Address: P.O. Box 248 City: Washington State: VA Zip: 22747

Phone Number: ( 540 ) 987-1200

I hereby certify that a valid Veterinarian/Client/Patient Relationship (VCPR) is established for the above listed owner and will remain in force for the duration of one year or until canceled by either party.

Veterinarian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_