



Veterinarian-Client-Patient Relationship Validation Form (VCPR)



Ranch/BQA Owner/Manager

Owner/Manager Name: _____

BQA Address: _____

City: _____ State: _____ Zip: _____

Premises ID Number (optional): _____

Email: _____

Phone Number: (_____) _____

Veterinarian

Name: _____

City: _____ State: _____ Zip: _____

Clinic Name: _____

Email: _____

Phone Number: (_____) _____

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

Upon execution of this Agreement and the establishment of the VCPR, Producer, on behalf of himself and his present or past legal representatives, predecessors, successors, assigns, agents and heirs, hereby releases and forever discharges Veterinarian from any and all claims, actions, disputes, damages or demands, at law or in equity, that Producer could or may bring in regard to Producer's participation in, or disqualification from the BQA program. Producer expressly waives any right or claim of right to assert hereafter that any claim in such regard has through ignorance, oversight or error, been omitted from the terms of this Agreement."

"In addition, upon execution of this Agreement and the establishment of the VCPR, BQA, on behalf of itself and its present or past legal representatives, predecessors, successors, assigns, agents and affiliates, hereby releases and forever discharges Veterinarian from any and all claims, actions, disputes, damages or demands, at law or in equity, that BQA could or may bring in regard to Veterinarian's participation in the VCPR; or Producer's participation in, or disqualification from the BQA program. BQA expressly waives any right or claim of right to assert hereafter that any claim in such regard has through ignorance, oversight or error, been omitted from the terms of this Agreement."



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Updated/Reviewed

Producer Signature:

Date: _____

Veterinarian's Signature:

Date: _____

Producer Signature:

Date: _____

Veterinarian's Signature:

Date: _____

To complete requirements for your BQA Certification, please return the form by one of the following methods:

1. Upload form by following the link: **VCPR upload**
2. Or you can mail in the form to:

Atten: Debbie Reed

*School of Animal and Comparative Biomedical Sciences
PO Box 210090
Shantz, 231
Tucson, AZ 85721*

Questions? Please contact:

Dr. Joslyn Beard joslynbeard@arizona.edu or
Debbie Reed dlreed@arizona.edu