

Rose Hill Veterinary Practice, P.C. – Large Animal  
Thomas B. Massie Jr., DVM  
Monica L. O'Brien, DVM  
Kiel J. Hausler, DVM  
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: \_\_\_\_\_