



Sustainable Canadian Agricultural Partnership

Competitive. Innovative. Resilient.

ANIMAL HEALTH AND
BIOSECURITY PROGRAM

VETERINARIAN-CLIENT-PATIENT RELATIONSHIP VERIFICATION FORM

In order for producers to be eligible to receive reimbursement for equipment purchases, the producer must have a valid Veterinarian-Client-Patient-Relationship (VCPR) with a veterinarian who is licensed through the Saskatchewan Veterinary Medical Association (SVMA). The producer must submit this VCPR Verification Form with each Animal Health and Biosecurity Program Application Form to confirm they have a current VCPR with a veterinarian in Saskatchewan.

PRODUCER INFORMATION

FIRST NAME

LAST NAME

BUSINESS NAME (if applicable)

ALTERNATE CONTACT (if applicable)

PRIMARY VETERINARIAN AND CLINIC INFORMATION

(to be filled out by your veterinarian or a veterinary clinic staff member)

VETERINARIAN'S FIRST NAME

LAST NAME

CLINIC NAME (if applicable)

SVMA LICENSE NO.

PHONE (999-999-9999)

VCPR EXPIRY DATE (MM/DD/YYYY)

By signing, I:

1. Certify the information provided is complete and correct;
2. Certify a current Veterinarian-Client-Patient-Relationship exists with producer as indicated above

Name:

Please print

Signature: _____

Licensed veterinarian or clinic representative

Date (MM/DD/YYYY):