The veterinarian-client-patient relationship (VCPR) underpins veterinary oversight and appropriate drug use in small ruminants. The VCPR is typically codified in state and federal regulations and is also defined by the AVMA, with minor differences in each version. A VCPR can exist with an individual ill animal that presents for veterinary care or with a herd or flock managed in consultation with a herd veterinarian. The guidelines below provide non-legally-binding recommendations on the critical components of establishing and maintaining a VCPR at the herd level.

- Maintain written agreements with clients about who is accountable for drug use and treatments administered on the farm or premises. The written agreement (see draft template below) should include a Veterinarian-of-Record (VOR). The VOR is responsible for timely visits to the premises, treatment protocols, treatment record review and regular communication with the client.

  - The written VCPR should include the responsibilities of any other veterinarians who have working relationships or consulting agreements with a client. Consultants and other veterinarians who are not the VOR are responsible for communicating with the VOR about medical care, protocols and drug use recommendations.

- Provide written treatment protocols for commonly occurring easily recognized conditions when clients will be directly responsible treating animals in their herd. The protocols should include all drugs recommended for use including over-the-counter, feed additive and prescription drugs. The protocols should clearly define when to stop treatment and seek veterinary assistance. The protocols should include appropriate dose, route, frequency and duration of drug therapy as well as applicable milk and meat drug withdrawal intervals.

- Ensure written or electronic treatment records are maintained. Treatment records of individual animals or groups of animals are essential to maintaining the VCPR, and regular and timely review of treatment records is an important role for the VOR.

- Provide drugs, prescriptions or Veterinary Feed Directives (VFD) for specific periods and for specific protocols. These drugs should only be provided for the animals over which the VOR has oversight under the existing VCPR; failure to follow treatment protocols or drug labels is a violation of the VCPR by the client. A VCPR should not be established for the sole purpose of drug sales.
VETERINARIAN-CLIENT-PATIENT RELATIONSHIP AGREEMENT

FARM INFORMATION
Owner name: _______________________________________________________________________
Mailing address: _____________________________________________________________________
Farm name: ________________________________________________________________________
Farm address (if different): __________________________________________________________
Primary phone: ______________________ Email: _____________________ Fax: ________________

AS OWNER OF THIS HERD/FLOCK, I COMMIT TO THE FOLLOWING:

___ Following all drug use protocols, prescriptions and withdrawal interval recommendations.
___ Identifying /segregating treated animals through the end of their drug withdrawal interval.
___ Developing and maintaining a Treatment Record System (written or computer-based).

ANIMAL GROUPS COVERED IN THIS VCPR

___ Sheep  ___ Goats  ___ Other
___ Breeding females  ___ Breeding males  ___ Youngstock
___ Lactating (dairy) females  ___ Markeststock  ___ Other

VETERINARIAN-OF-RECORD (VOR):
The veterinarian-of-record takes responsibility for making medical judgements 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, monitoring use of all drugs regardless of where or from whom the drugs are distributed.

EXCLUSIONS AND RESPONSIBLE PARTY:

VOR NAME: _______________________________________________________________________
PRACTICE NAME: ___________________________________________________________________
Affiliated veterinarians: _______________________________________________________________
Mailing address: _____________________________________________________________________
Primary phone: ______________________ Email: _____________________ Fax: ________________
License State/Number: ________________________________________________________________

AS VOR FOR THIS HERD/FLOCK, I HAVE PROVIDED THE FOLLOWING SUPPORTING DOCUMENTS:

___ Written Approved Drug List, noting class of animal and condition to be treated; drug dose, route, frequency and duration of treatment; and required withdrawal times.
___ Written Approved Treatment Protocols including class of animal, indication, treatment plan and endpoints.

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 6 months/1 year from the signature date below.

Farm/Owner signature: _____________________________________________ Date: ____________
Veterinarian-of-Record signature: ____________________________________ Date: ____________