



**NEW MEXICO BEEF QUALITY ASSURANCE
 Certification Program**

**Veterinarian
 Client/Patient Relationship**

The American Veterinary Medical Association defines a valid Veterinarian/Client/Patient Relationship to exist when:

- The veterinarian assumes responsibility for making medical judgments and the need for treatment; the client agrees to follow instructions of the veterinarian.
- There is sufficient knowledge of the animals by the veterinarian to initiate at least a general or preliminary diagnosis (the veterinarian has seen and is personally acquainted with the keeping and care of the animals).
- The veterinarian is readily available for follow-up in case of adverse reactions or failure of therapy (as defined by the AVMA).

This affidavit confirms I have a valid Veterinarian/Client/Patient Relationship with the livestock producer listed below.

Completed by Veterinarian

Veterinarian Name (print)

Email

Phone Number

Mailing Address (Address, City, State, ZIP)

Signature

Date

Completed by Producer

BQA Certification No. _____
 (if known)

First Name

M.I.

Last Name

Email

(_____)_____
Area Code + Phone

Home Business Mobile
Type (select one)

Mailing Address

City

State

Zip

Home County

In compliance with **BQA Recertification Guidelines**, this form must be completed and returned to the **County Extension Office/Agent**.