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Milaca 255 3 rd Ave SW, Milaca, MN 56353 (320) 983-6303 Fax# (320) 983-2677 Dr. Chris Nord Dr. Dan Peterson	Foley 310 Dewey St, POB 370, Foley MN 56329 (320) 968-6677 Fax# (320) 968-7587 Dr. Katie Stumvoll Dr. Bonnie Miller Dr. Tony Dank
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VCPR Form

Date: [Click here to enter a date.](#)

Name: _____

Farm Name: _____

Farm Address: _____

Account #: _____

Contact Information

Primary Contact	Cell Phone	Email	Premise #
Secondary Contact	Cell Phone	Email	

Number of Employees (who does what) _____

Species

Bovine Ovine Caprine Porcine Camelid Equine Other

Breed(s) _____

Herd Dynamics

Dairy/Beef	Cows	Bulls	Heifers	Bull Calves	Steers	Total
Quantity						

Dairy	1st Lact	2nd Lact	3rd Lact	4th+ Lact	Total
Milking					
Dry					

	Adult Females	Adult Males	Young Females	Young Males	Altered Males	Altered Females	Total
Quantity							

How Identified (names, number, official): # _____

Young Animals: Number Born/year _____ What time of year _____ Where Born _____

Reproduction Sales x Breeding Animals Semen Embryo

When/Why/Where are Animals or Products Marketed?

Type of Animal Housing (building type, bedding, ventilation, etc)

Young animals

Mature animals: Dairy Beef _____

Far-off: Dry Pregnant _____

Close-up: Dry Calving: _____

Fresh: _____

Milking/With Calf: _____

Sick: _____

Type of Ration Provided

Young animals: _____

Mature animals: _____

Dry: _____

Milking: _____

How/when Young Processed (umbilicus, colostrum, castration, dehorning, weaning, bangs, etc)

How/When Adults Processed (dry-off, freshening, BST, Oxytocin, etc)

How/When are New Herd-Mates Processed (#/year, quarantine, metaphylaxis treatment, etc)

Vaccination Schedule (what & when)

Young: _____

Adult: _____

Parasite Control (what & when)

Young: _____

Adult: _____

Animal Euthanasia/Down Animals

Who decides what is done:

How Performed: _____

Training _____

Carcass Disposal? _____

Additional Information _____

TREATMENT & MEDICATIONS

Who determines animal health and how treated?

What medications are kept on hand?

Where are the medications kept?

Treatment Protocols (Are there any written/Attach)?

How are Treated Animals Identified/Recorded?

What is used to determine if an animal's milk or meat is okay to be sold?

Have there been any drug residues in last 6 months (If Yes what kind, and how resolved)?

Average Bulk Tank SCC (~6 months)

Additional Comments



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Veterinary - Client - Patient Relationship (VCPR)

I certify that I have the authority to represent this farm’s management and have agreed to follow the veterinarian’s instructions regarding the treatment of conditions covered by this Veterinary Client-Patient Relationship. I certify that all information given to the veterinarian is truthful and complete to my best knowledge. Today’s visit is a snapshot in time, and items discussed may change and need to be updated.

Herd Representative’s Name: _____

Herd Representative’s Signature: _____

Date: _____

I certify that I have assumed the responsibility for making clinical judgments regarding the health of the animals on this farm and the need for medical treatment as specified by me. I believe that I have sufficient knowledge of the animal(s), their care, and medical conditions to specify therapies to be used as I have dictated for the conditions discussed. I have personally inspected the groups of animals, their housing, and the provisions for their care. Today’s visit is a snapshot in time, and items discussed may change and need to be updated.

Veterinarians Name: _____

Veterinarians Signature: _____

Date: _____