

Signed,_____

(Client signature)

(WRVC Veterinarian signature)

West River Veterinary Clinic

203 Hwy 12 E Hettinger, North Dakota 58639

Ethan Andress, DVM Lisa Henderson, DVM Bleaux Johnson, DVM, Lindy West, DVM, Jenna Innes, DVM, Don Safratowich, DVM

Veterinary-Client Compliance Agreement

I agree to remain in good standing as a client of West River Veterinary Clinic by keeping a valid Veterinary-Client-Patient-Relationship and paying for all services before they are due. I will schedule appointments to have my animals seen by a veterinarian of West River Veterinary Clinic at least annually, or request an annual farm visit if no other preventative services are needed. It is my responsibility to allow the veterinarian to make clinical judgements pertaining to the health of my animal, follow their instructions, and ask any questions I may have regarding their treatment plan.

If using a veterinary feed directive, I agree to follow the written instructions for administration of medicated feedstuffs to the animals specified, and keep all VFD records for a period of at least 2 years.

Dated:

Dated:

| As a representative of West River Veterinary Clinic, I agree to maintain a valid Veterinary-Client- |
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| Patient-Relationship by accepting the responsibility of examining and treating (or overseeing |
| treatment of) this client's animals as needed. I will keep accurate records of all services |
| rendered, and provide professional supervision for the client in any way that may be helpful. A |
| copy of all VFD orders will also be kept for a period of at least 2 years. It is my duty to remain |
| available for consultation in person, by phone, or via electronic media for any questions and |
| concerns by the client regarding their animal; and I will provide emergency services or offer |
| options for referral as needed in order to provide the best possible veterinary care. |
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