



Valid Veterinary Client Patient Relationship

Nebraska Beef Quality Assurance—bqa.unl.edu



Nebraska BQA
4502 Avenue I
Scottsbluff, NE 69361
308-632-1230

Producer Section

Producer Name: _____

Address: _____ City: _____ Zip: _____

Operation Name: _____

Premise ID: _____

OR

Sec: _____ Township: _____ County: _____

BQA Certification #: _____ Expiration: _____

Type of Operation: (Circle All That Apply)

1. Cow/Calf 2. Stocker 3. Backgrounder/Grower 4. Feedyard/Finisher

Veterinarian Section

Veterinarian Name: _____

Clinic Name: _____

Address: _____ City: _____ Zip: _____

Veterinarian License #: _____ USDA Accreditation #: _____

Validation Section

I hereby certify that the Valid Veterinarian Client Patient Relationship (VCPR) is established for the above listed Producer/Operation and Veterinarian/Clinic. This Valid VCPR will remain in force until cancelled by either party and will be reviewed on annually.

Producer Signature: _____ Date: _____

Veterinarian Signature: _____ Date: _____



VCPR Notes:

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Operation Information:

Vaccination Protocols:

Treatment Protocols: