

FORM 2

To be reviewed, signed and submitted to VQA Program. Please fully complete the form and print clearly.



CONFIRMATION OF VEAL QUALITY ASSURANCE EXPECTED OUTCOMES

FARMER / MANAGER

I hereby confirm that I maintain a Veterinarian Client Patient Relationship agreement with a licensed veterinarian; and I am fully committed to the Outcomes outlined in the Veal Quality Assurance program.

Farmer / Manager Signature _____ Date _____

Farmer / Manager Name _____

Farm Name _____

City _____ State _____

Phone _____

Which describes your role? (Check all that apply)

- Calf Owner Labor-lease Contract grower Independent grower

As a licensed veterinarian, I confirm that this producer is meeting all the Outcomes outlined in the Veal Quality Assurance program.

Veterinarian's Signature _____ Date _____

Veterinarian Name _____

Clinic Name _____

City _____ State _____

Phone _____ Email _____

Submit completed VQA certification documentation (Form 1 and Form 2) to:

Veal Quality Assurance Program
2900 NE 60th Street, Suite 200
Gladstone, MO 64119
VQA@LookEast.com