

(Current Premise Letterhead)

or

Premise Name
Premise Address
City, State, Zip
Phone: Fax:

VETERINARY SERVICE AGREEMENT

As owner and/or major stockholder of/in **(Premise Name/Provider of Service)**, I/we have entered into an agreement with **(DVM – Receiver of Service)** to provide the following services to his/her veterinary practice known as **(Practice Name)** in **(City)**, **(State)**.

1. Examples: (Routine In House Lab Services)
2. (Specimen preparation to be sent to commercial laboratories and to be point of receipt of results from tests)
3. (Sterilization of surgical instruments)
4. (Take radiographs and/or process radiological film)
5. Etc.

This agreement is entered into this day **(month, date, year)** and shall extend through the end of (year), December 31, **(year)** and will, with both parties consent, be subject to renewal on January 1, **(year)**.

The distance between the provider clinic and the receiver's practice or practice area is within a reasonable distance to maintain effective emergency or backup service within a reasonable time period. We calculate the distance to be within _____ miles of the provider clinic.

**Note: Agreement can extend beyond a one-year period but should not exceed a three-year period and renewed or new agreement should be perfected in the year of normal rotational premise evaluations. If agreement ends or is nullified for any reason you should contact the board immediately and provide new agreement from new provider.*

Provider's Signature
For: Provider Premise

Receiver's Signature
For: Receiver Premise

(Witness Signatures Optional)