

**Consent to Release of Information to  
Veterinary Prescription Monitoring Program**

**Client Information**

Client ID: _____	Microchip # _____
Client Name: _____	Animal Name: _____
Address: _____ _____	Species: _____
	Breed: _____
Telephone: _____	Birthdate: _____
	Sex: _____

**Notice and Acknowledgement**

- I certify that the information set forth above is true and accurate and that I am the owner of the above-named animal or am the person legally responsible for the animal with the authority to execute this consent.
- I acknowledge that the above-referenced animal has been prescribed, and/or may in the future be prescribed, medication classified as a controlled substance under state and/or federal law.
- I understand that by signing this consent form, I am authorizing this veterinary clinic to microchip the animal (if not done), enter information regarding my animal and its prescriptions, including but not limited to the information above, into the Veterinary Prescription Monitoring Program (VPMP) database.
- I understand that the VPMP is a tool used to track and record prescriptions of controlled substances.
- I understand that by giving my consent to participate in the VPMP, information regarding my animal and its prescriptions may be viewed by any veterinarian, support staff in any veterinary clinic, members of the Minnesota Veterinary Medical Association, and various third-parties hired to assist with and maintain the VPMP.
- I understand that my consent to participate in the VPMP is entirely voluntary and may be withheld for any reason and that I can revoke my consent at any time.

**Consent**

**I hereby certify that I have been fully informed regarding the “Notice and Acknowledgement” provisions above, and I consent to allow information regarding my animal and its prescriptions to be entered into the VPMP and viewed by others.**

**Client’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_