

Veterinary Validation Form

A veterinarian must complete and sign this form. The Iowa Disposal Assistance program applicant must submit the form to the Iowa Department of Agriculture & Land Stewardship.

By signing this form, I am affirming and certifying that:

1. I currently hold a valid license to practice veterinary medicine in the State of Iowa.
2. I am currently an USDA Category II Accredited Veterinarian in the State of Iowa.
3. I have a valid veterinarian/client/patient relationship with _____
(applicant's first and last name) (the "Applicant").
4. I have discussed current American Veterinary Medical Association (AVMA) guidelines with the Applicant regarding the proper euthanasia and mass depopulation of animals.
5. In my judgement the Applicant is in possession of swine that exceed 225 pounds, each.
6. The Applicant has experienced market disruptions due to COVID-19, which has led to potential animal welfare concerns for the swine identified in paragraph five, above.

Veterinarian's Information:

Name, printed: _____

Signature: _____

This form may be printed and signed by the veterinarian, or the signature may be typed and then the following checkbox must be selected for the typed signature to be considered valid.

I acknowledge and accept that the electronic signature contained on this form has the same validity and is discoverable and admissible in evidence if given under penalty of perjury in the same manner as an original printed form.

Date: ____ / ____ / 2020

NOTE: This form must be signed within the **current application period**. Additionally, a new form must be submitted during **every round** when applying for funding.

Iowa Veterinary License Number: ____ ____ ____ ____