

## Veterinary Validation Form for Layer Hens

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. Since April 1, 2020 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 was in possession of layer hens that were euthanized during the period of April 1, 2020 to July 20, 2020.
6. I affirm that the layer hens in this request were done so because of a marketing disruption as a result of COVID-19.

### 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: \_\_\_\_ \_