

SINCE 1989

# INGHAM'S

## CUSTOM POWDER COATING

1860 N. Reading Road, Stevens, PA 17578  
(717) 336-8473

Email: [info@inghamspowdercoating.com](mailto:info@inghamspowdercoating.com)  
Website: [www.inghamspowdercoating.com](http://www.inghamspowdercoating.com)

- **MOTORCYCLE**
- **GO-CART**
- **MARINE**
- **SPRINT CAR**
- **COMMERCIAL**
- **INDUSTRIAL** USDA/FDA APPROVED
- **SAND BLASTING**
- **BURN OFF SERVICE**

## Denver Self Storage

Commercial/Residential Storage  
383 Locust St., Denver, PA

**CALL US TODAY! (717) 336-7058**

Whether you've just run out of space in your home or business or you need a temporary place for some important items, Denver Self Storage is your solution.

- ❖ 24 hour access
- ❖ Well lighted throughout
- ❖ Variety of sizes
- ❖ Drive up access to all units
- ❖ Excellent security with video surveillance
- ❖ Tractor trailer accessible

**PHONE: 717-336-2801** **LANCASTER COUNTY**

**FAX: 717-336-3394** **MAGISTERIAL DISTRICT**

**02-3-07**



**CLARK BEARINGER**  
MAGISTERIAL DISTRICT JUDGE

**2 CARDINAL DRIVE** **STEVENS, PA 17578-9591**

### Animal Owner or Caretaker's Verification of Veterinarian-Client-Patient Relationship

I, the undersigned, hereby verify the following:

1. I am the owner/caretaker (circle either or both, as applicable) of the animal(s) identified as follows by ear tag, tattoo, leg band, etc. - Use additional sheets as necessary.

ANIMAL ID [i.e. ear tag, tattoo, leg band, brand]	REGISTRATION NAME OR DESCRIPTION

2. I have established an ongoing "veterinarian-client-patient relationship" for the animal(s) described in the preceding paragraph with \_\_\_\_\_ (print name), a licensed practitioner of veterinary medicine having the following business address: \_\_\_\_\_.

3. I understand this ongoing "veterinarian-client-patient relationship" to be a relationship in which the veterinarian named in the preceding paragraph has assumed the responsibility for making veterinary medical judgments regarding the health of the animal(s) described above and the need for veterinary medical treatment of said animal(s), and in which I, as owner and/or caretaker of the animal(s), have agreed to follow the instructions of the veterinarian in relation to zoonotic diseases.

I verify the foregoing to be accurate. I make the foregoing statement subject to the penalties of 18 Pa.C.S.A. § 4904 (relating to unsworn falsification to authorities). In witness of this, I have signed and dated this verification below. If the owner/caretaker is under 18 years of age, the signature of a parent/guardian is required.

Printed Name of Owner/Caretaker	Signature of Owner/Caretaker	Date
Address of Owner/Caretaker		
Printed Name of Parent/Guardian	Signature of Parent/Guardian	Date
Address of Parent/Guardian		