

**R-Y** LETTER OF GUARANTEE – LICENSED VETERINARIAN

Name of farm/building identification: ..... PID#: .....

Site manager: ..... Date: .....  
(yy/mm/dd)

Please return the completed and signed document to the requester.

**Licensed Veterinarian**

Name of Licensed Veterinarian:	
Phone:	
Email:	

**Producer or Site manager**

Farm Name:	
PID number:	
Phone:	
Email:	

I, the Licensed Veterinarian named above, by signing this letter of guarantee certify the following:

- a. I certify that I have a valid veterinarian–client–patient relationship with this farm, and
- b. I certify that medications that I have prescribed for use on this farm are consistent with the PigSAFE | PigCARE Vaccine and Drug Use Policy.

Name of Licensed Veterinarian (print): \_\_\_\_\_

Signature of Licensed Veterinarian: \_\_\_\_\_ Date: \_\_\_\_\_