



VCPR VALIDATION CASTRATION FORM

Corresponds with Requirement 5.0

This facility uses a licensed veterinarian for all castrations conducted.

Farm Owner Signature:

Date:

Veterinarian Signature:

Date:

OR

This facility is located in a province where castration by a non-veterinarian is permitted.

This facility uses the services of a licensed veterinarian and/or a trusted operator (a service provider not licensed as a veterinarian for castration procedures. The operator must agree to follow the protocol below in order to be considered trusted to conduct castrations at this facility:

- The scrotal area must first be examined to ensure normal scrotal anatomy. If there is evidence of an abnormality, castration cannot be performed by the operator.
 - Horses with one or more retained testicle or other scrotal abnormalities (e.g., hernias) must only be castrated by a veterinarian.
- During the procedure, the handling and restraint methods must not cause injury or unnecessary suffering
- Pain control must be provided. At a minimum, this must include a local anesthetic and a non-steroidal anti-inflammatory drug. Castration must not begin until the local anesthetic has taken effect
- The horse must be monitored during and after the procedure and, if complications occur, a veterinarian must be contacted without delay.



Operator Full Name:

Operator Business Name: (if applicable)

Phone Number:

Alternate Phone Number:

Veterinarian Name:

Clinic/Business Name:

Phone Number:

Alternate Phone Number:

I _____ (veterinarian name) hereby certify that a valid Veterinarian/Client/Patient Relationship (VCPR) is established for the above listed operator and will remain in force until canceled by either party. I also certify that I have supplied the above listed operator with training on the castration procedure and pain management, and that I am willing and able to prescribe the required drugs for pain control and provide interventions, as needed.

Operator Signature:

Date:

Veterinarian Signature:

Date:

Farm Owner Signature:

Date:

The form is considered valid from the date of signage by the veterinarian.