



VCPR VALIDATION CASTRATION FORM

Corresponds with Requirement 5.0

This facility uses an operator (non-veterinarian) for horse castration in a province or territory where castration by a non-veterinarian (operator) is legally permitted.

Facility owner/manager:

Name: _____

Signature: _____

Date: _____

Veterinarian:

Name: _____

Signature: _____

Date: _____

Operator:

Name: _____

Signature: _____

Date: _____



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 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.

I (*insert 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.

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