



VCPR VALIDATION DENTAL FORM

Corresponds with Requirement 5.1

This facility uses the services of a trusted operator for horse dental procedures. The operator must demonstrate competencies to perform dental procedures and only work under direct veterinary supervision.

Facility owner/manager:

Name: _____

Signature: _____

Date: _____

Veterinarian:

Name: _____

Signature: _____

Clinic: _____

Phone number: _____

Signature: _____

Date: _____



Operator:

Name: _____

Signature: _____

Phone number: _____

Date: _____

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 dental procedures and pain management, and that I am willing and able to diagnose oral disease or other issues, prescribe the required drugs for pain control, sedation, and provide interventions, as needed.

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