

Practice Letterhead

VETERINARY SEDATION FOR EQUINE DENTAL PROCEDURES CARRIED OUT BY LAY-PERSONS

Knowledge of equine dentistry principles has undergone a rapid expansion. This has been greatly facilitated by the use of modern sedatives. Use of such sedatives is considered to be an every day aspect of equine dental practice, allowing greater possibilities for oral examination and treatment of dental conditions, as well as improving safety aspects to both the horse and persons nearby when performing such acts. Veterinarians are trained to use sedatives in the correct manner, and know their associated risks. These risks are mitigated by veterinarians on an individual case-by-case basis as necessary. Only veterinarians receive such training and only veterinarians may use intravenous sedatives legally in New Zealand.

In accepting to sign this consent form, you acknowledge as the owner of your animal that whilst the veterinarian administering sedation to your animal is responsible for the selection and manner of sedation administration, the veterinarian is not to be held responsible or liable in any way for any complications that may arise from any dental intervention performed by a lay-person (equine dental technician) following sedation administration.

Name

Address

Phone Mobile..... Email.....

Horse name (or breeding) Breed

Colour Age..... Sex

Brands - Near Off Over.....

Is the horse insured? Yes No Has the Insurance Company been notified? Yes No

Insurance company

Nominated veterinary surgeon (print).....

Practice address:.....

Signed..... Date

Nominated equine dental technician:

Practice address:.....

Signed..... Date

Owner / agent declaration

I do hereby give permission for sedation to be performed by the named Veterinary Surgeon to facilitate examination and legal treatment of dental conditions by the named lay-person (equine dental technician) on the above identified animal. If presented by an agent, I warrant that I am authorised to act on behalf of the owner as agent in respect of the above animal and indemnify the veterinary practice for any loss arising out of the above procedure.

Signed..... Date

Witnessed by (practice staff member).....

If presented by an agent

I warrant that I am authorised to act on behalf of the owner as agent or as a person with legal authority in respect of the above animal and indemnify the veterinary practice for any loss arising out of the above procedure.

Owner's name

Address.....

Phone Mobile..... Email.....