
Community Gelding Clinic

Hosted By Cedarbrook Farms and

Sponsored by American Veterinary Medical Foundation Cedarbrook Fund

Pre-registration is required. This clinic is open to the public for equine owners who require financial assistance in order to castrate their stallions. Castrations will be provided to clinic participants for a \$100 fee for each horse. This fee is non-refundable. Owners are responsible for all other costs associated with the clinic such as travel, tetanus vaccination, and any aftercare including but not limited to Bute, antibiotics, emergency calls, recheck examinations as required.

Application Process

- Owners must complete 'Clinic Participant Application'.
- Owners must submit signed 'Consent Form' with clinic application.
- Owners must submit proof of horse ownership with applications (equine registration papers, bill of sale or other identification).
- Applications should be sent to info@cedarbrookvet.com.

Castration – How it Works

- Castrations are performed by a veterinarian or veterinary student under direct supervision by a licensed veterinarian. Veterinary assistant or technician students participate in non-surgical aspects of the procedure under direct veterinary supervision (injections, catheter placement, anesthesia monitoring, etc.).
 - Stallions must be halter broke with two descended testicles and be at least four months of age, healthy, and at least a 4/9 Body Condition Score. There is no upper age limit.
 - Applications will be reviewed and we will contact approved clinic participants with their appointment time in advance of the clinic.
 - Each horse owner will be given a specific time to arrive at the clinic. Horse owners must arrive within 30-minutes prior to that time or their appointment may be cancelled. Please note that there may be considerable wait time during the clinic.
 - Each horse must have at least one qualified handler with it at all times. If bringing multiple horses, multiple handlers are required.
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Prior to the Castration

- All stallions must be in good health and free from lice or infectious disease (including fever, nasal discharge, cough, etc.).
- All stallions should be clean and arrive in a well fitted halter with a sturdy lead rope (or stud chain, if needed for safe handling).
- Bring any vaccination and de-worming records to the clinic to confirm the horse is current. Current Tetanus vaccine is required and can be purchased at the castration clinic if needed.
- Upon arrival please park your horse trailer and check-in with one of the clinic staff prior to unloading the horse.

After Castration

- Geldings will be monitored by the veterinary team following the procedure.
- On average, each horse will require a minimum of an hour of recovery time before he can safely travel home.
- Owners will receive aftercare instructions and agree to perform twice daily lunging after a 24-48 hour strict rest period, and provide any medication that may be required post procedure.
- No horses may be removed from the premises until official release by veterinary staff.

Driving Directions

Cedarbrook Farms is located at 9812 215th Avenue SE, Snohomish, WA 98290

From Hwy 2 in Monroe, turn left onto Woods Creek Road, stay left on Woods Creek at the 'Y', stay to the left on Wagner at the top of the hill for a couple miles, jog left onto 108th, then right on 215th, we are on the left just after the power lines. Look for the 'Cedarbrook' sign. Please drive slowly down the long gravel driveway and park in front of the barn.

Parking and Check-In Instructions

Once the stallion owner has checked-in with clinic staff and unloaded and placed horse in assigned stall, all vehicles should be moved to facilitate entry and exit of other vehicles in the parking area.

CLINIC PARTICIPANT APPLICATION

\$100 non-refundable fee for castration candidates.

We reserve the right to deny any castration candidate for any reason.

All stallions must be in good health, clean and equipped with a well-fitted halter and a sturdy lead. Please bring your stallion's ownership records and prior health (vaccination and de-worming). The veterinarian on hand reserves the right to refuse to perform the procedure on any stallion not fit for surgery.

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Horse Name: _____ Breed: _____ Age: _____

Date of last Tetanus: _____ Date of De-worming: _____ Are testicles visible? Yes No Unknown

How did you get the horse? _____

Veterinarian Name/Practice: _____ Phone: _____

It is the intention of this program to provide veterinary services for horses in need. To ensure scarce resources are provided to the greatest need we request the following information.

Do you have any current or future breeding plans? _____

Total Number of Horses owned: _____ # of Mares: _____ # of Geldings: _____ # of Stallions: _____

Household income: _____ Housing: own rent other _____

Employment Status: Full Time Part Time Self Unemployed Disabled Retired

Any additional statement of need (attach any additional information as needed):

CONSENT FORM

I have read the attached Castration Clinic participant information and understand the information contained within it.

I understand that Clinic volunteer veterinarians are not able to perform extensive pre-operative diagnostic evaluation. I further understand that there is an additional anesthetic risk when this procedure is performed. I understand that my stallion will be anesthetized for this procedure and that there is a risk involved with anesthesia, including unexpected death or injury, as well as risk involved with the castration procedure, including fatal hemorrhage or life threatening post-operative infection. I further understand that the procedure may be performed by veterinary students under very close supervision of the staff and volunteer veterinarians on hand.

Clinic staff and volunteer veterinarians and/or the host organization reserve the right to refuse to perform the procedure on any particular stallion.

I understand under Washington Law, Cedarbrook Farms is considered an Equine Facility. Therefore, all activities on these grounds are subjected to the Equine Inherent Risk Law, Revised Code of Washington 4.24.540. By my presence on these grounds I have indicated that I have accepted the limits of liability resulting from inherent risks of equine activities. This is not a spectator area. All persons in this area will be regarded as participants and limited by the INHERENT RISK LAW.

Print Name: _____

Signature: _____

Stallion Name: _____ Date of Clinic: _____

Phone Number of Horse Owner/Attendee: _____

I hereby grant the host organization and its representatives the irrevocable and unrestricted rights to use and publish photographs of me and/or my horse for educational, advertising and promotional purposes in connection with Cedarbrook Farms. I hereby release the host organization, clinic sponsors, and their representatives from all claims and liability relating to said photographs.

Signature: _____

Date: _____

Please submit completed application forms to:

info@cedarbrookvet.com
Or mail to: Cedarbrook Farms
9812 215th Avenue SE, Snohomish, WA 98290
