



## INTRA-ARTICULAR INJECTION CONSENT FORM

### ***PROCEDURE DESCRIPTION***

Intra-articular injections are a common therapeutic procedure involving the administration of medications directly into a joint. This treatment aims to reduce inflammation, alleviate pain, and improve joint function. Common medications include corticosteroids, hyaluronic acid, and regenerative therapies (e.g., platelet-rich plasma).

### ***POTENTIAL BENEFITS***

- Reduction of joint inflammation and pain
- Improved mobility and performance
- Potential long-term joint health benefits

### ***RISK AND COMPLICATIONS***

While intra-articular injections are generally safe, there are potential risks, including but not limited to:

- \* **Infection (Septic Arthritis)**: Rare but serious, characterised by severe pain, swelling, and lameness requiring intensive treatment.
- \* **Flare Reactions**: Acute inflammation shortly after injection, usually resolving within 24–48 hours.
- \* **Joint Cartilage Damage**: Prolonged or excessive use of certain medications (e.g., corticosteroids) may lead to cartilage deterioration.
- \* **Bleeding or Hematoma**: Minimal bleeding at the injection site may occur.
- \* **Allergic Reactions**: Rare hypersensitivity to medications.
- \* **Worsening of Lameness**: In some cases, the joint may not respond as expected, or the condition may temporarily worsen.
- \* **Systemic Effects**: Corticosteroids may have systemic side effects, such as laminitis, particularly in predisposed horses.
- \* **Need for Repeat Treatment**: Some horses may require multiple injections for sustained benefits.

### **OWNER RESPONSIBILITIES**

- Ensure proper post-procedure care as directed by the attending veterinarian.
- Monitor the horse for signs of complications, such as swelling, heat, lameness, or fever, and report these immediately.
- Follow all restrictions on exercise and activity during recovery.

### **ACKNOWLEDGMENT OF UNDERSTANDING**

\* I, the undersigned, confirm that I am the legal owner or authorised agent of the horse described below. I have discussed the procedure and potential risks with the attending veterinarian and had the opportunity to ask questions. I understand the risks and agree to proceed with the recommended intra-articular injection.

\* I acknowledge that no guarantees have been made regarding the outcome of this procedure.

- Name of the owner: \_\_\_\_\_
- Name of the horse: \_\_\_\_\_
- Microchip number: \_\_\_\_\_
- Owner signature: \_\_\_\_\_
- Date: \_\_\_\_\_
- Veterinarian: \_\_\_\_\_

### **EMERGENCY CONTACT AUTHORISATION**

In the event of a complication happening during the procedure, I authorise the veterinarian to administer necessary treatment to my horse and understand additional charges may apply.

Emergency Contact Number: \_\_\_\_\_