



AT HOME ADMINISTRATION OF INJECTABLE MEDICATION

- I, the undersigned _____ (owner/responsible person), hereby acknowledge that I have been informed that the administration of injectable medication (intramuscular or intravenous route) to a horse must be performed in a clean and proper manner by a qualified veterinarian or a trained professional staff member with experience in equine medicine.

- I understand that improper handling, using the wrong technique or lack of hygiene during drug administration may result in complications such as pain, swelling, inflammation, abscess formation, infection, tissue necrosis, adverse drug reactions, or even death of the animal.

- By signing this document, I confirm that:
 - I have chosen to personally administer the medication to my horse, against the recommendation of the veterinarian.
 - I have received instructions regarding the correct dosage, route of administration, and handling precautions for the prescribed medication.
 - I hereby release the attending veterinarian. Sharjah Equine Hospital and all associated staff from any liability or responsibility for any consequences related to the administration of the medication.

" Name of the owner: _____

" Name of the horse: _____

" Microchip number: _____

" Owner signature: _____

" Date: _____

" Veterinarian: _____

