



## EDPA Pre-Certification Supervising Veterinarian Evaluation Form

Please Print - ALL Areas MUST be completed

Date:	Applicant Name:		
Supervising Veterinarian:			
Vet Clinic Address:			
Veterinarian Phone #:		Veterinarian Email:	
Name & Case Study #			
Horse Owner			YES
			NO
Approach, Handling Animal Sense	Confident?		
	Aggressive?		
	Fearful?		
	Agitated?		
	Comfortable?		
Pre-Evaluating Animals Condition	Check or Ask for Vital Signs?		
	Identify Proper Condition (Body Score)?		
	Asked Horse's Activity Level?		
Cleanliness and Preparedness	Sterilized / Clean tools?		
Safety	Proper GFI for power tools?		
	Proper use of head stand or head ring?		
	Proper head position while flushing?		
	Proper eye protection, gloves and lighting source?		
	Any Harm or Trauma Caused?		
Appropriate Tool Use	Appropriate use of tools?		
	Proper use of Speculum with adequate resting time?		
	Proper tools necessary not supplied?		
Professionalism	Conduct in barn with clients/agents/trainers?		
	Communication of post care?		
Comments/Recommendations			
Supervising Veterinarian Signature			
Applicant Signature			