



PARROTT
EQUINE
ASSOCIATES LLC

EQUINE VETERINARY SERVICES

Bryan G. Parrott, DVM

Dear Clients,

Parrott Equine Associates, LLC, is not recommending regular, routine or annual vaccinations for Lyme Disease unless there are special circumstances that require it for each individual horse.

We feel that there is not enough scientific evidence to prove that the canine vaccine when used in horses is efficacious. Therefore, there may be no benefit or justification for the expense.

If you choose to vaccinate, we recommend the following protocol:

- Test your horse's blood to determine their Lyme Disease status.
- Based upon that status, vaccinations may be administered.
- Retest your horse's Lyme Disease vaccination status one month after completion of the vaccination series.

If you feel that your horse has been exposed to Lyme Disease, we recommend testing your horse's blood for their Lyme Disease status.

Additionally, Minocycline, a tetracycline antibiotic, has recently been tested at Cornell University as an effective treatment for Lyme Disease in horses that do not respond to oxytetracycline or doxycycline treatment.

Please call the office to speak to a doctor if you have any questions or would like to set up an appointment.

Sincerely,

Bryan Parrott and Staff
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LYME VACCINATION PARTICIPANT RELEASE OF LIABILITY
AND ASSUMPTION OF RISK AGREEMENT

Name: (Print) _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Name of Animal (Print) _____

Age: _____ Sex: _____ Breed: _____ Color/markings: _____

Is Animal Insured: Yes No Insurance Company: _____ Policy: # _____

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I wish to participate in the administration of the canine lyme vaccination to my horse, I understand that the vaccination is not currently approved for equine use. The efficacy and risk of injury is unknown at this time.

I knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my participation.

I willingly agree to comply with terms and conditions for participation. Vaccinations will be administered at day 0, 20, 82, and every 6 months thereafter.

I willingly agree to allow Parrott Equine Associates, LLC to submit my records to their database which may be shared with a third party participating in a Lyme disease study.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily with any inducement.

_____ Date _____
Signature of Legal Owner / Authorized Agent

_____ Date _____
Witness Signature