

Medication Form 1

AUTHORISATION OF EMERGENCY TREATMENT

Indicate discipline: Jumping, Dressage, Eventing, Driving, Vaulting, Endurance, Reining, Para-Equestrian

TO BE COMPLETED IN CAPITAL LETTERS

FOR COMPLETION BY TREATING VETERINARIAN

Event: Date:

Horse's name: Passport no.:

Person Responsible: Nationality:

Competition no.: Stable no.:

Symptoms or condition requiring medication:

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Medication (including dosage):

Active ingredient: (see label):

Route of administration: topical oral subcutaneous
intramuscular intravenous rectal

Date and time of administration:

Name of Treating Veterinarian: Signature:

FOR COMPLETION BY THE VETERINARY COMMISSION/DELEGATE

After examination of the above horse, I hereby authorise the treatment and consider that, to the best of my knowledge, the horse is:

FIT UNFIT

for participation/continued participation at this event.

Date and time of authorisation:

Name of authorising member of

Veterinary Commission/Delegate: Signature:

The horse is: competing withdrawn post competition

FOR COMPLETION BY THE PRESIDENT OF THE GROUND JURY

In accordance with GRs Art. 143 & on the recommendation of the Veterinary Commission/Delegate, the above horse having received emergency veterinary treatment as indicated above:

MAY participate/continue to participate MUST be withdrawn

Date and time of signature:

Name of President of the Ground Jury:

Signature: