



Medication Form 1

AUTHORISATION OF EMERGENCY TREATMENT

Indicate discipline: Jumping, Dressage, Eventing, Driving, Vaulting, Endurance, Reining

FOR COMPLETION BY TREATING VETERINARIAN

Event: Date:

Horse's name: Passport no.:

Person Responsible: Nationality:

Competition no.: Stable no.:

Symptoms or condition requiring medication:

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 withdrawn ?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. 146.3 & 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 MUST be withdrawn

Name of President of the Ground Jury: **Signature:**