Medication Form 3

AUTHORISATION FOR THE USE OF MEDICATION NOT LISTED AS PROHIBITED UNDER F.E.I. REGULATIONS

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

To be used for medication not on the list of Prohibited Substances (e.g. administration of rehydration fluids and antibiotics)

Event: ---------- **Date:** ----------

I declare that I will use the following medication for:

Horse's name: ---------- **Passport no.:**----------

Person Responsible: ---------- **Nationality:** ----------

Competition no.: ---------- **Stable no.:** ----------

The horse is: **competing** ? **withdrawn** ? **post competition** ?

1. Route of administration:

Intravenous	?
Intramuscular	?
Subcutaneous	?
Nasogastric tube	?
Orally	?
Nebulisation (only saline)	?
Other	?

2. Reason for administration of medication (indicate where applicable):

Pre-Competition Dehydration: ----------
Post-Competition Dehydration: ----------
Other (please specify): ----------

3. Substances administered: ----------

Dose and Frequency of Administration: ----------

Date(s) and Time(s) of Administration: ----------

Treating Veterinarian **Date: ……**

Name (Print): …… **Signature: ……**

Autorisation of Veterinary Delegate / Commission **Date: ……**

Name (Print): …… **Signature: ……**