

# VETERINARY FORM 1

## AUTHORISATION FOR EMERGENCY TREATMENT

A copy of this form must be supplied to the Person Responsible and Ground Jury. A copy must also be retained by the FEI Veterinary Delegate/ Commission and send to the FEI Headquarters immediately after the Event.

Discipline (please tick as appropriate):

Jumping ☐ Dressage ☐ Eventing ☐ Driving ☐ Vaulting ☐ Endurance ☐ Reining ☐ Para-Equestrian ☐

During the Event (write name of the Event): \_\_\_\_\_

**For Completion by Treating Veterinarian** (complete in capital letters)

Horse's name: \_\_\_\_\_ Horse FEI ID number (or Passport): \_\_\_\_\_ Stable Number: \_\_\_\_\_

Person Responsible: \_\_\_\_\_ Competition number: \_\_\_\_\_ Country/ NF: \_\_\_\_\_

Symptoms or condition requiring emergency medication:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SUBSTANCE (ACTIVE INGREDIENT)	PRODUCT TRADE NAME	DOSAGE	ROUTE (IM, IV ETC)	DATE	TIME

**Treating Veterinarian Signature**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

FEI ID: \_\_\_\_\_ Date: \_\_\_\_\_

**For Completion by the Veterinary Delegate/ Commission**

In accordance with the Veterinary Regulations and after examining the above named Horse, I hereby authorise the treatment and consider that, to the best of my knowledge, the Horse is:

Fit ☐ Or Not Fit ☐ to compete (VD to tick as appropriate)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

FEI ID: \_\_\_\_\_ Date and time of authorisation: \_\_\_\_\_

**For Completion by the President of the Ground Jury**

In accordance with the General/ Veterinary Regulations and on the recommendation of the Veterinary Delegate/ Commission, the above named Horse, having received emergency veterinary treatment as indicated above:

MAY participate/ continue to participate ☐ MUST be withdrawn ☐

Name of the President of the Ground Jury: \_\_\_\_\_ Date & time of authorisation: \_\_\_\_\_

Signature: \_\_\_\_\_

Number of entries in the \_\_\_\_\_ Final placing of Horse in this Event: \_\_\_\_\_