

VETERINARY FORM 4

SELF-DECLARATION FOR SPECIFIED SUPPORT SUBSTANCES



4

(To be used in accordance with Veterinary Regulations, Self-Declaration Substances)

A copy of this form must be provided to the Veterinary Commission/ Delegate prior to the administration of any substance. A copy must also be supplied to the Person Responsible and be available at all times for inspection if requested by a FEI Steward.

Discipline *(please tick as appropriate)*:

Jumping Dressage Eventing Driving Vaulting Endurance Reining Para-Equestrian

During the Event *(please write location and category)*: _____

I _____ *(FEI Permitted Treating Veterinarian name)* declare that I will use the following medications *(maximum of 3 substances)* for:

Horse's name: _____ Horse FEI ID number *(or Passport number)*: _____ Stable Number: _____

Person Responsible: _____ Competition number: _____ Country/ National Federation: _____

SUBSTANCE	PRODUCT TRADE NAME	REASON FOR ADMINISTRATION	DOSAGE	ROUTE (IM, IV)	DATE & TIME	DATE & TIME	DATE & TIME	DATE & TIME	DATE & TIME
Joint Support									
Injectable Vitamins									
Amino Acids									
Traumeel									
Zeel									

Veterinarian FEI ID Number: _____ Signature of Treating Veterinarian: _____ Date: _____

Only substance specifically listed in the 2013 Veterinary Regulations, Edition 13, may be administered by means of Self-Declaration with this Veterinary Form 4.