MEDICATION REPORT FORM

(Last Updated 11/5/2015)

A. IDENTIFICATION OF HORSE *(Please type, print, or write clearly)*

1. Name:____
2. Age: ___________________ 3. Sex: ____________________ 4. Color: ______________
5. Weight: ________________ 6. Entry Number: ___________________________________
7. Trainer's Name: ____
8. Owner's Name: ____
9. Breed:____

B. IDENTIFICATION OF MEDICATION *(Please type, print, or write clearly)*

10. Product Name: ____
11. Amount Administered:____________________________ Strength:___________________
12. Route of Administration *(Please check one)*:

❒ Oral ❒ Topical ❒ Injectable *(Please check one)*:

❒ Intravenous ❒ Inhalation ❒ Intramuscular

❒ Subcutaneous ❒ Intra-articular

13. Date of Administration:____
14. Time of Last Administration: ____ : ____ a.m. or p.m. *(Please circle one)*
15. Diagnosis and Reason for Administration *(This must be for a Therapeutic Purpose only)*:

____

16. Name of Veterinarian Prescribing/Administering the Medication:

____

17. Phone Number of Prescribing Veterinarian: ____________________________________
18. Name and Signature of Person Administering the Medication:

Print:___________________________ Sign: ____________________________________

If you have questions on medications, dosages, withdrawal times, or the like, please call the US Equestrian Medications Hotline at 1-800-633-2472.

C. INSTRUCTIONS TO SHOW STEWARD/REP OR DESIGNATED SHOW OFFICE REPRESENTATIVE *(Please type, print, or write clearly)* *IMPORTANT: You should accept this form only after all blanks above have been completed. Incomplete forms must be returned immediately to the owner/trainer for completion. Please note whether a specific diagnosis is recorded in section 15 above.*

If all blanks are completed, please indicate the following:

Date Received:__________________ Time Received: ____:____ a.m. or p.m. *(Please circle one)*

Name of Show/Event: _______________________________ Date(s) Held: __________________

City and State: ____

Name and Signature of Show Steward/Representative or Designated Show Office Representative:

(Please check one): ❒ Show Steward/Rep ❒ Designated Show Office Representative

Print:___________________________ Sign: ____________________________________