

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

This Form applies to medication not listed as prohibited -
(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:

Catalogue no.: Stable no.:

Competition status of horse: competing withdrawn post competition

Indication for treatment (please tick):

Dehydration: after travel other (specify)

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Dermatitis Laceration Colic Diarrhoea Eye: injury/disease

Respiratory disease Other (specify):

Route of administration (select one):

Intravenous Intramuscular Subcutaneous Nasogastric tube

Orally Nebulisation (only saline) Intraocular Other

Substances administered Trade Name:

Active ingredient: Concentration:

Dose (mg/kg): Volume:

Frequency (in 24 hr): Dates/Times:

Treating Veterinarian Date:

Name (Print): Signature:

Authorisation of DC Veterinarian Date:

Name (Print): Signature: