

Medication Form 3

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

ONE SUBSTANCE PER FORM

Indicate discipline: Jumping, Dressage, Eventing, Driving, Vaulting, Endurance, Reining
TO BE COMPLETED IN CAPITAL LETTERS

*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:

Competition no.: Stable no.:

1. Competition Status (tick):

2. pre-competition competing withdrawn post-competition

Indication for treatment (tick):

Dehydration: after travel after cross-country/marathon other (*specify*)

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Dermatitis Laceration Colic Diarrhea 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 Veterinary Delegate / Commission Date:

Name (Print): Signature: