



Medication Form 5

APPLICATION FORM FOR ELECTIVE TESTING IN HONG KONG

This form must be completed and sent together with the sample to the HKJC Racing Laboratory (Dr Terence Wan, Chief Racing Chemist, the Hong Kong Jockey Club Racing Laboratory, 6/F, Central Complex, Sha Tin Racecourse, New Territories, Hong Kong, China, Tel: +852 2966 6296, Fax: +852 2601 6564 or +852 2607 2618, Email: terence.sm.wan@hkjc.org.hk). Please read carefully the accompanying **Important Conditions and Requirements** before completing this form.

Horse's name: _____ Sex: _____

FEI Passport no.: _____

Person Responsible: _____ Nationality: _____

Event information:

Location of next event: _____ Date: _____

Medication information:

Prohibited substances to be tested for (limited to 4 per horse): _____

Contact Person (Treating or Team Veterinarian) in case of queries and for result reporting:

Name: _____ e-mail: _____

Phone no.: _____ fax no.: _____

Sample Information (only urine samples may be sent):

Date of urine collection: _____ Approx. time of collection: _____

Date of sample dispatch: _____ Expected date of sample arrival: _____

Shipping details (courier service): _____

Name and address to which the report will be sent:

Name: _____ e-mail: _____

Address: _____

Phone no.: _____ fax no.: _____

Declaration by the Treating/Team Veterinarian: I agree to the conditions of the elective testing services of the FEI and its agents, declare that the sample submitted with this form entirely originates from the stated horse, and acknowledge that the elective testing result is unofficial and a negative finding does not absolve me of my responsibility of any positive finding, including the medication(s) tested herein, in all official samples.

Name: _____ Signature: _____

Date: _____

Disclaimer: The FEI and its agents do not accept any responsibility for the testing service and/or the results; the requester shall hold the FEI and its agents harmless from all claims relating thereto.