

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

***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.:**

Competition Status (tick):

pre-competition competing withdrawn post-competition

Indication for treatment (tick):

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

.....
.....

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:.....