



MEDROXYPROGESTERONE ACETATE (Depo-Provera®) DISCLOSURE FORM

If medroxyprogesterone acetate is administered to your horse within the three months before competing, you are required to complete Sections 1, 2 and 3 and submit this form to a USEF Steward / TD or to the Designated Show Office Representative for their signature prior to competing. *If a previous administration(s) of medroxyprogesterone acetate has/have been documented with the filing of a disclosure form(s), either electronically or by paper submission, it is not necessary to include that/those administration(s) on this form. Only administrations not previously reported must be included below.*

This form MUST be filed if a horse has received medroxyprogesterone acetate in the previous 90 days

SECTION 1: IDENTIFICATION OF HORSE / PONY (PLEASE TYPE, PRINT, OR WRITE CLEARLY)		
Name:		
Age:	Sex:	Color:
Weight:	Entry Number:	
Trainer's Name:	Email:	
Owner's Name:	Email:	
Breed/ Discipline in which animal competes:		

SECTION 2: MEDROXYPROGESTERONE ACETATE ADMINISTRATION					
Route of Administration Key: O – Oral IM – Intramuscular IV – Intravenous					
DATE	TIME: AM / PM	AMOUNT (ML)	ROUTE	CONCENTRATION	REASON FOR ADMINISTRATION

Name of Prescribing Veterinarian:	Phone:
Name of Person Administering:	Signature of Responsible Party:

SECTION 3: SHOW/EVENT INFORMATION (PLEASE TYPE, PRINT, OR WRITE CLEARLY)		
Name of Show/Event:	USEF Competition #:	Date(s) Held:
City:	State:	

SECTION 4: INSTRUCTIONS TO STEWARD/TD 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.	
If all blanks above are completed, please indicate the following:	
Date Received:	Time Received: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Name and Signature of Steward/TD or Designated Show Office Representative;	Mark One <input type="checkbox"/> Steward/TD <input type="checkbox"/> DSOR
Print:	Sign:

White copy – USEF

PLEASE RETURN COMPLETED FORM WITH YOUR STEWARD OR TD REPORT TO:

Pink copy – Owner/ Trainer

UNITED STATES EQUESTRIAN FEDERATION : 4047 IRON WORKS PARKWAY : LEXINGTON, KY 40511 : 859.258.2472 : FAX 859.231.6662 : USEF.ORG

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