



MEDICATION REPORT FORM

IDENTIFICATION OF HORSE/PONY (PLEASE TYPE, PRINT, OR WRITE CLEARLY)

1. Name:		
2. Age:	3. Sex:	4. Color:
5. Weight:	6. Entry Number:	
7. Trainer's Name:		
8. Owner's Name:		
9. Breed/Discipline in which the animal competes:		

IDENTIFICATION OF MEDICATION (PLEASE TYPE, PRINT, OR WRITE CLEARLY)

10. Product Name:	
11. Amount Administered:	Strength:
12. Route of Administration: <input type="checkbox"/> Oral <input type="checkbox"/> Topical <input type="checkbox"/> Injectable	If injectable, please indicate how medication was injected: <input type="checkbox"/> Intravenous <input type="checkbox"/> Inhalation <input type="checkbox"/> Intramuscular <input type="checkbox"/> Subcutaneous <input type="checkbox"/> Intra-articular
13. Date of Administration:	14. Time of Last Administration: _____:_____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
15. Emergency Use of flunixin (Banamine®) <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
16. Diagnosis and Reason for Administration (This must be for a Therapeutic Purpose only):	
17. Name of Veterinarian Prescribing/Administering the Medication:	
18. Phone Number of Prescribing Veterinarian:	
19. Name and Signature of Person Administering the Medication:	
Print:	Sign:

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. Please note whether a specific diagnosis is recorded in section 15 above.

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 of Show/Event:	USEF Competition #:	Date(s) Held:
City:	State:	
Name and Signature of Steward/TD or Designated Show Office Representative;	Mark One <input type="checkbox"/> Steward/TD <input type="checkbox"/> DSOR	
Print:	Sign:	

Please call (800) 633-2472 if you have any questions about the Equine Drugs and Medications Rule.

White - USEF

Yellow - STEWARD/TD

Pink - OWNER/TRAINER

Return to: United States Equestrian Federation, Inc.
Equine Drugs and Medications Program • 956 King Avenue • Columbus, OH 43212-2655