



# United States Equestrian Federation, Inc.



## Medication Report Form

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

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

### B. 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	<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. Diagnosis and Reason for Administration (This must be for a Therapeutic Purpose only):		
16. Name of Veterinarian Prescribing/Administering the Medication:		
17. Phone Number of Prescribing Veterinarian:		
18. Name and Signature of Person Administering the Medication:		
Print:	Sign:	

### C. 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 are completed, please indicate the following:	
Date Received:	Time Received: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Name of Show/Event:	Date(s) Held:
City and 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, 3760 Ridge Mill Drive, Hilliard, OH 43026-9849