

THE USEF EQUINE DRUGS AND MEDICATIONS PROGRAM
Testing Veterinarian Questionnaire

Veterinarians interested in participating in the United States Equestrian Federation Equine Drugs and Medications Program as an USEF testing veterinarian, on an intermittent basis, should complete this form and send it to the address below. This form can also be sent by email to medequestrian@aol.com or by fax to (614) 299-7706. Additional information will be sent upon receipt of this completed form.

United States Equestrian Federation
The Equine Drugs and Medications Program
956 King Avenue
Columbus, Ohio 43212-2655

NAME: _____

ADDRESS: _____

Phone Number(s): (____)_____ (cell) (____)_____ (office) (____)_____ (home)

Please indicate which number we should use first: _____

Fax#: (____)_____

Email address: _____

College and Year of Veterinary Degree: _____

Are you a member of the AVMA? yes no

Are you a member of the AAEP? yes no

Brief summary of your present career situation and/or type of practice (if in practice), including percentage of equine work: _____

Brief summary of your non-veterinary experience and/or participation (if any) in the horse show industry:

Please list the states where you are willing to travel to and attend horse shows and events for the Federation:

Signature: _____ Date: _____

Thank you for completing this form.