



UNITED STATES EQUESTRIAN FEDERATION, INC.

VETERINARY TREATMENT REQUEST FORM

2018 FEI WORLD EQUESTRIAN GAMES - DRIVING

Per the Selection Procedures (Section I.F.4): ***Veterinary Treatment:*** *Once horses are named to the FEI Nominated Entries or FEI Definite Entries, all selected athletes will be required to obtain written permission from the Team Veterinarian or Veterinary Panel prior to their selected horses being treated by any person other than the Team Veterinarian. This permission must be obtained by using the official USEF Driving Veterinary Treatment Request Form. Failure to adhere to this policy and/or the directive of the Team Veterinarian as outlined on the USEF Driving Veterinary Treatment Request Form may result in the removal of horse and/or athlete from the selection process by the Chef d'Equipe and the Selectors, by recommendation of the Team Veterinarian and with the approval of the USEF DSC and the USEF BOD or Ad hoc.*

**AUTHORIZATION FROM THE TEAM VETERINARIAN MUST BE OBTAINED BEFORE TREATMENT IS GIVEN.**

DATE: \_\_\_\_\_ PERSON RESPONSIBLE: \_\_\_\_\_

HORSE: \_\_\_\_\_

TREATMENT REQUESTED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

RATIONALE FOR TREATMENT (Reason for request): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TREATING VETERINARIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

TEAM VET: \_\_\_\_\_ DATE: \_\_\_\_\_

PERSON RESPONSIBLE: This document accurately describes therapy given to my horse on \_\_\_\_\_  
(date) at \_\_\_\_\_ (time of day). I UNDERSTAND THAT MY HORSE MAY BE DRUG TESTED BY  
THE USEF AT ANY TIME DURING THE TRAINING SESSION AND /OR VETERINARY EVALUATIONS.

\_\_\_\_\_ SIGNATURE AND DATE

Please keep a copy of this document for your records and send the completed document to Danielle Aamodt, Director of Driving, at [daamodt@usef.org](mailto:daamodt@usef.org) or 4047 Iron Works Parkway, Lexington, KY 40511.