



(Attachment I)

**Request for Medication Administration
USEF Selection for Para Dressage Competitions**

Authorized from the Team Veterinarian must be obtained before the 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 submit the original document to
Lauren Johnson, USEF Director of Para Dressage and Vaulting, by mail or fax within 24
hours (USEF, PO Box 83, Gladstone, NJ 07934 or 859 234-9417)**