**MEDICATION REPORT FORM**

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

1. Name:
3. Weight: 6. Entry Number:
4. Trainer’s Name:
5. Owner’s Name:
6. 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: [□ Oral] [□ Topical] [□ Injectable] If injectable, please indicate how medication was injected: [□ Intravenous] [□ Inhalation] [□ Intramuscular] [□ Subcutaneous] [□ Intr-articular]
13. Date of Administration: 14. Time of Last Administration: ________:________ [□ a.m.] [□ p.m.]
15. Emergency Use of flunixin (Banamine®): [□ a.m.] [□ 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: [□ a.m.] [□ 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] [□ Steward/TD] [□ 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

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