[](http://www.google.com/imgres?imgurl=http://www.uaex.edu/images/depts/4h/4H_Graphics/green_clover1.jpg&imgrefurl=http://www.uaex.edu/depts/4H/graphics.htm&h=720&w=690&sz=49&tbnid=ZEKEL28fGs2UvM:&tbnh=90&tbnw=86&zoom=1&usg=__A2yT9iEQ1qHPanvwNPL7RXACs-Y=&docid=W1q6FArm_28VxM&hl=en&sa=X&ei=nU1cUaaoHYTD0gHQ-4H4DQ&sqi=2&ved=0CC8Q9QEwAA&dur=3013) MEDICATION REPORT FORM

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| IDENTIFICATION OF HORSE/PONY (PLEASE TYPE, PRINT, OR WRITE CLEARLY) | | | | |
| 1. Name: | | | | |
| 1. Age: | 1. Sex: | | | 1. Color: |
| 1. Weight: | | 1. Entry Number: | | |
| 1. Trainer’s Name: | | | | |
| 1. Owner’s Name: | | | | |
| 1. Breed/Discipline in which the animal competes: | | | | |
|  | | | | |
| IDENTIFICATION OF MEDICATION (PLEASE TYPE, PRINT, OR WRITE CLEARLY) | | | | |
| 1. Product Name: | | | | |
| 1. Amount Administered: | | | Strength: | |
| 1. Route of Administration:   □ Oral □ Topical □ Injectable | | If injectable, please indicate how medication was injected:  □ Intravenous □ Inhalation □ Intramuscular  □ Subcutaneous □ Intra-articular | | |
| 1. Date of Administration: | | | | |
| 1. Time of Last Administration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ a.m. □ p.m. | | | | |
| 1. Diagnosis and Reason for Administration (This must be for a therapeutic purpose only) | | | | |
| 1. Name of Veterinarian Prescribing/Administering the Medication: | | | | |
| 1. Phone Number of Prescribing Veterinarian: | | | | |
| 1. Name and Signature of Person Administering the Medication:     Print: Sign: | | | | |
|  | | | | |
| INSTRUCTIONS TO STEWARD 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ a.m. □ p.m. | | | | |
| Name of Show/Event: | | | Date(s) Held: | |
| City: | | | State: | |
| Name and Signature of Steward//TD or Designated Show Office Representative: Mark One: □Steward/TD □DSOR    Print: Sign: | | | | |