 MEDICATION REPORT FORM

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|  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: |