



MEDICATION REPORT FORM

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

1. Name:		
2. Age:	3. Sex:	4. Color:
5. Weight:	6. Entry Number:	
7. Trainer's Name:		
8. Owner's Name:		
9. 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: <input type="checkbox"/> Oral <input type="checkbox"/> Topical <input type="checkbox"/> Injectable	If injectable, please indicate how medication was injected: <input type="checkbox"/> Intravenous <input type="checkbox"/> Inhalation <input type="checkbox"/> Intramuscular <input type="checkbox"/> Subcutaneous <input type="checkbox"/> Intra-articular	
13. Date of Administration:		
14. Time of Last Administration: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
15. Diagnosis and Reason for Administration (This must be for a therapeutic purpose only)		
16. Name of Veterinarian Prescribing/Administering the Medication:		
17. Phone Number of Prescribing Veterinarian:		
18. 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: <input type="checkbox"/> Steward/TD <input type="checkbox"/> DSOR	
Print:	Sign: