## 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:**
12. **Route of Administration:**
   - Oral
   - Topical
   - Injectable

<table>
<thead>
<tr>
<th>Strength</th>
<th>Intravenous</th>
<th>Inhalation</th>
<th>Intramuscular</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Subcutaneous</td>
<td>Intra-articular</td>
<td></td>
</tr>
</tbody>
</table>

13. **Date of Administration:**
14. **Time of Last Administration:** ________________ a.m. 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:**

Print: ________________________________ Sign: ________________________________