

AUTHORISATION OF VETERINARY TREATMENT

Indicate discipline: Jumping; Dressage; Equitation; Eventing

FOR COMPLETION BY VETERINARIAN

Event: _____

Date: _____

Horse's Name: _____

Passport No: _____

Person Responsible / Rider: _____

Grading Class: _____

Symptoms or condition requiring medication: _____

Medication (including dosage): _____

Active ingredient (see label): _____

Route of administration: Intramuscular; Intravenous; Subcutaneous; Topical; Oral; Rectal

Date and time of administration: _____

In my opinion, after examination and treatment of the horse above, I herewith recommend that the horse is FIT / UNFIT for participation at this event.

Name of Veterinarian: _____ Signature: _____

FOR COMPLETION BY THE PRESIDENT OF THE GROUND JURY

In accordance on the report and the recommendation of the Veterinarian, the above horse having received veterinary treatment or medication as indicated above, **MAY PARTICIPATE / MUST BE WITHDRAWN.**

Name of President of the Ground Jury: _____

Signature: _____ Date and Time: _____