

**AUTHORISATION FOR THE USE OF MEDICATION NOT LISTED AS PROHIBITED**



This form must be completed and retained by the Treatment Veterinarian for any non-oral administration of medication to a Horse at a DRASA Event. Veterinary Forms must be sent to the FEI Veterinary Department within **72 hours** of the conclusion of the show. They must be scanned and emailed info.drasa@gmail.com and it is not necessary to send the originals by post. A copy needs to be provided to the Person Responsible.

During the Event (*write name and location of the Event*): \_\_\_\_\_

I \_\_\_\_\_ (Vet name) declare that I will use the following medications for:

Horse's name: \_\_\_\_\_ Horse  
 Passport number: \_\_\_\_\_

Person  
 Responsible: \_\_\_\_\_

SUBSTANCE (ACTIVE INGREDIENT)	PRODUCT TRADE NAME	REASON FOR ADMINISTRATION	DOSAGE	ROUTE (IM, IV ETC)	DATE & TIME
_____	_____	_____	_____	_____	_____

Competition Status (*please tick as appropriate*):

Pre-competition      Competing      Withdrawn      Post-competition

Indication for Re-hydration (*please tick as appropriate*):

After travel      After Event      Other (specify): \_\_\_\_\_

**Permitted Treating Veterinarian**

ID Number:    PTV Signature:    Date:

\_\_\_\_\_