



VETERINARY - FORM 2A

AUTHORISATION FOR THE USE OF MEDICATION NOT LISTED AS PROHIBITED (CONTROLLED OR BANNED) OR AS A SELF-DECLARATION SUBSTANCE - May be Completed by: Owner/Responsible Person OR a Veterinarian -

The form is for any administration of medication to a Horse, up to 21 days before the first Class enters the arena, or during the show. This form may be completed by either the Responsible Person/Owner or a Veterinarian.

(A) At National Championships - This form must be presented to the OFFICIAL Veterinarian, by handing it in at the show office **BEFORE** the start of the show, and/or **immediately after the treatment during the show**. A copy with date and time submitted to the office must be retained by the Responsible Person/Owner showing the horse.

(B) At Regional Shows it remains the duty of the accountable person to submit this form – (a) to the Horse Show office; **as well as** (b) and personally present a copy to the Sub Unions' Show Committee for consideration.

Before/During the Show (*write name of the Show*): _____

Horse's name: _____ Registration number: _____

(office use)

Responsible Person/Owner (Name) _____ Show nr: _____

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

Responsible Person / Owner: Name: _____

Signature: _____ Date: ____/____/____

(Id nr): _____ Contact nr: _____

The Responsible Person is still **SOLELY** accountable for **ANY** substances found in a **TESTED SAMPLE**

(Optional) TREATING VETERINARIAN - Name: _____

Detection time verified by Veterinarian and informed exhibitor/owner prior to treatment accordingly.

Detection time for this substance is ____ days: ____ hours.

In accordance with the Veterinary Regulations and treating the above named Horse, I have verified the detection time to the date/time of the show, and informed the owner/exhibitor.

Remarks: _____

Treating Veterinarian (Signature): _____ Date: ____/____/____

Practise nr: _____ (Id nr): _____ Contact nr: _____

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- For Completion by the OFFICIAL VETERINARIAN - (or Sub Union Committee at Regional Shows)

In accordance with the Veterinary Regulations and after examining the above named Horse, I hereby authorise the treatment and consider that the Horse is:

Fit / ____/ to compete. Not Fit / ____/ to compete. Remarks: _____

Name: _____ (Id nr): _____

(Official Vet) Signature: _____ Date: ____/____/____ Contact nr: _____