

VETERINARY FORM - 2B (Optional) - May be Completed by: Owner/Responsible Person OR a Veterinarian -



SELF-DECLARATION FOR SPECIFIED SUPPORT SUBSTANCES NOT ON THE PROHIBITED LIST

To be used in accordance with Veterinary Regulations, Self-Declaration Substances

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

(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): _____

I, _____ (Owner/Responsible Person or *Veterinarian name*) declare that I will use /___/ already used /___/

the following medications (maximum of 3) for:

Horse's name: _____ Show nr: _____ Registration number: _____ (*office use*)

Responsible Person/Owner Name: _____ OR (optional): **Treating Veterinarian-Name:** _____

SUBSTANCE	PRODUCT TRADE NAME	REASON FOR ADMINISTRATION	DOSAGE	ROUTE (IM, IV)	DATE & TIME	DATE & TIME	DATE & TIME	DATE & TIME	DATE & TIME
Joint Support									
Injectable Vitamins									
Amino Acids									
Traumeel									
Zeel									
Other									

Authorisation of Responsible Person / Owner

Contact nr: _____

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

Responsible Person / Owner Signature: _____ (Id nr): _____ Date: ___/___/___

OR (optional): **Treating Veterinarian** - Detection time for this substance is _____ days: _____ hours. I have verified the detection time to the date/time of the show, and informed the owner/exhibitor.

Treating Veterinarian Signature: _____ Date: ___/___/___ Practise nr: _____

(Id nr): _____ Contact nr: _____