# 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

   If injectable, please indicate how medication was injected:
   - □ Intravenous
   - □ Inhalation
   - □ Intramuscular
   - □ Subcutaneous
   - □ Intra-articular

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: Mark One: □Steward/TD □DSOR

   Print:  
   Sign: