



EMERGENCY MEDICATION REPORT

NAME OF HORSE: _____

Age: _____ Sex: _____ Color: _____ Entry Number: _____

Diagnosis of illness/injury: _____

Reason for administration: _____

Name of MEDICATION administered: _____

Amount administered: _____ Concentration/Strength: _____

Mode of administration (circle one): Injected Oral Topical

Date: _____ Time: _____

Name of administering veterinarian: _____
(Please Print)

Signature of administering veterinarian: _____

OWNER: _____ RIDER: _____

NAME OF SHOW/LOCATION: _____

REPORT RECEIVED BY: _____ (SHOW MANAGEMENT)

DATE: _____ TIME: _____

This report must be filed with Show Management prior to showing this horse. Any medication administered under NCHA Emergency Medication Rules must be administered in the presence of Event Management or a designated NCHA Representative.

Filing of an emergency medication report form does not automatically excuse the horse from the consequences associated with a failed drug test. Please consult NCHA Standing Rule 35A.4 for complete Emergency Medication requirements. Additionally, all emergency reports filed under this rule will be reviewed by the Medication Review Committee and all veterinarians submitting such reports are subject to inquiry by the Medication Review Committee.