

**NATIONAL
CUTTING
HORSE
ASSOCIATION**



260 Bailey Avenue
Fort Worth, Texas 76107
817/244-6188 • Fax 817/244-2015
Web: www.nchacutting.com

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 administrating or prescribing* veterinarian: _____

(Please Print)

Signature of veterinarian, person administrating or responsible agent (rider):

*If prescribed a copy of the prescription must be attached to this medication report.

OWNER: _____ **RIDER:** _____

ACE: Only ONE report per horse per show is required as long as the amount administered is within the guidelines and is administered at least 1 hour prior to competition.

EMERGENCY: This report must be filed with Show Management within ONE (1) hour of administration of emergency medication or if administered outside of show office hours it will need to be turned in within ONE (1) hour of Show Management availability.

NAME OF SHOW/LOCATION: _____

REPORT RECEIVED BY: _____ (SHOW MANAGEMENT)

DATE: _____ **TIME:** _____