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 or prescribing* veterinarian: _____________________________
(Please Print)

Signature of veterinarian, person administering 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: Emergency 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: ________________

DATE: _______  TIME: __________