Medication Report Form

Adapted from AQHA

A. IDENTIFICATION OF HORSE *(PLEASE TYPE, PRINT OR WRITE CLEARLY)*

1. Horse's Name:		
2. Year Foaled:	3. Sex:	4. Color:
5. Weight:	6. Entry #:	
7. Trainer's Name:		
8. Exhibtor's Name:		

B. IDENTIFICATION OF MEDICATION *(PLEASE TYPE, PRINT OR WRITE CLEARLY)*

NOTE: ***It is not necessary to file this form for the administration of Phenylbutazone, Flunixin, Ketoprofen, Meclofenamic Acid, Naproxen, Acetazolamide, Dexamethasone, Isoxsuprine, or Firocoxib (Equioxx).***

9. Product Name:	
10. Amount Administered:	Strength:
11. Route of Adminstration: ○ Oral ○ Topical ○ Injectable ○ Intravenous ○ Intramuscular ○ Intraarticular ○ Subcutaneous	
12. Date of Adminstration:	
13. Time of Last Adminstration: ○ am ○ pm	
14. Diagnosis and Reason for Administration (this must be for a therapeutic purpose only):	
15. Name of licensed veterinarian prescribing/administering the medication:	
16. Name and signature of person administering the medication: Name: _____ Signature: _____	

C. INSTRUCTIONS TO SHOW MANAGEMENT *(PLEASE TYPE, PRINT, OR WRITE CLEARLY)*

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. If Lidocaine/Mepivicaine is administered within 24 hours of showing, it must be done under actual observation of show management (or designated representative) and/or the official show veterinarian.

If all blanks above are completed, please indicate the following:			
Date Received:	Time Received:	O am	O pm
Name of Show/Event:			
City and State:			
Name and signature of Show Management: Name: _____ Signature: _____			
Please write any comments you may have, as well as the name of a witness, as designated by show management, if Lidocaine/Mepivicaine was administered:			

Questions about medication rules? Please call the USEF Drug & Medications Hotline (800-633-2472)

This form was adapted from AQHA's Medication Report Form 3.29.23