

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:	5. Weight: 6. Entry #:			·	
7. Trainer's Name:		^			
8. Exhibtor's Name:					
-	file this form for th		ylbutazone, Flunixin, Ket	toprofen, Meclofenamic Acid,	
9. Product Name:					
10. Amount Administered:			Strength:		
11. Route of Adminstration: O Oral O Topical			O Injectable O Intravenous O Intramuscular O Intraarticular O Subcutaneous		
12. Date of Adminstration:					
13. Time of Last Adminstration:			O am	O pm	
15. Name of licensed veterina 16. Name and signature of per			:		
Name:Si			Signature:	Signature:	
	only after all blank Mepivicaine is adm e) and/or the officia	s above have been comp inistered within 24 hours al show veterinarian.	leted. Incomplete forms i	must be returned immediately to the owner/trainer one under actual observation of show management	
Date Received:	Time Received:	-	O pm		
Name of Show/Event:		C and	0 pm		
City and State:					
Name and signature of Shov	v Management:				
Name:		S	ignature:		
Please write any comments yo	u may have, as well a	as the name of a witness, as	s designated by show mana	agement, if Lidocaine/Mepivicaine was administered:	