



OFFICIAL VETERINARY REPORT FORM 1 FOR ANY TREATMENT BY A VETERINARIAN

- To be Completed by the TREATING VETERINARIAN -

The form is for any administration of EMERGENCY medication to a Horse, up to 21 days before the first Class enters the arena, and/or any Treatment during the show.

(A) **At National Championships**- This form must be presented to the OFFICIAL Veterinarian, by handing it in at the show office BEFORE the start of the show, and/or immediately after the treatment during the show. A copy with date and time submitted to the office must be retained by the Responsible Person/Owner showing the horse.

(B) **At Regional Shows** it remains the duty of the accountable person to submit this form – (a) to the Horse Show office; as well as (b) and personally present a copy to the Sub Unions' Show Committee for consideration.

During the Show (name of the Show): _____

Horse's name: _____ Registration number: _____
(office use)

Responsible Person's name _____ Show nr: _____

| SUBSTANCE (ACTIVE INGREDIENT) | PRODUCT TRADE NAME | REASON FOR ADMINISTRATION | DOSAGE | ROUTE (IM, IV ETC) | DATE & TIME |
|----------------------------------|--------------------|------------------------------|--------|-----------------------|----------------|
| | | | | | |
| | | | | | |
| | | | | | |

Detection time verified by Veterinarian and informed exhibitor/owner prior to treatment accordingly.

Treating Veterinarian:

Name: _____

Detection time for this substance is _____ days: _____ hours.

I have verified the detection time to the date/time of the show, and informed the owner/exhibitor.

Remarks: _____

Practise nr: _____ Signature: _____ Date: ____/____/____

(Id nr): _____ Contact nr: _____

Responsible Person / Owner Name: _____

Responsible Person / Owner (Signature): _____ Date: ____/____/____

(Id nr): _____ Contact nr: _____

The Responsible Person is still SOLELY accountable for ANY substances found in a TESTED SAMPLE

For Completion by the OFFICIAL VETERINARIAN – (or Sub Union Committee at Regional Shows)

OFFICIAL VETERINARIAN NAME: _____ (Id nr): _____

*In accordance with the Veterinary Regulations and after examining the above named Horse,
I hereby authorise the treatment/required detection time, and consider that the Horse is:*

Fit / ____/ to compete. **Not Fit** / ____/ to compete. **Remarks:** _____

Signature: _____ **Date:** ____/____/____ **Contact nr:** _____

The LIST OF PROHIBITED SUBSTANCES in force is the FEI-LIST published on the Webpage <http://www.saddlebred.co.za/> for the CURRENT YEAR, 1 JANUARY to 31 DECEMBER.