

AUTHORISATION OF EMERGENCY TREATMENT

FOR COMPLETION BY TREATING VETERINARIAN

Event: Date:

Horse's name: Passport No.:

Person Responsible: Nationality:

Catalogue No.: Stable No.:

Symptoms or condition requiring medication:

.....

.....

Medication (incl. dosage):

Active Ingredient (see label):

Route of administration: topical oral subcutaneous

 intramuscular intravenous rectal

Date and time of administration:

Name of treating veterinarian: Signature:

FOR COMPLETION BY THE VETERINARIAN OF THE DISCIPLINARY COMMITTEE (DC)

After examination of the above horse, I hereby authorise the treatment and consider that to the best of my knowledge, the horse is:

FIT **UNFIT** for participation at this event.

Date and time of authorisation:

Name of authorising member (veterinarian)
of the Disciplinary Committee (DC):

Signature:

The horse is: **COMPETING** **WITHDRAWN** **POST COMPETITION**

FOR COMPLETION BY THE CHAIRMAN OF THE DISCIPLINARY COMMITTEE (DC)

In accordance with FEI GRs Art. 143 and on the recommendation of the DC Veterinarian, the above horse having received emergency veterinary treatment as indicated above:

MAY participate/continue to participate **MUST** be withdrawn

Date and time of signature:

Name of Chairman of the Disciplinary Committee (DC):

Signature: